

AMENDED IN ASSEMBLY JUNE 27, 2012
AMENDED IN ASSEMBLY JUNE 26, 2012
AMENDED IN SENATE JANUARY 4, 2012
AMENDED IN SENATE APRIL 26, 2011
AMENDED IN SENATE MARCH 22, 2011

SENATE BILL

No. 616

Introduced by Senator DeSaulnier

February 18, 2011

An act to amend Section 11165 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

SB 616, as amended, DeSaulnier. Controlled substances: reporting.

Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances.

Existing law requires dispensing pharmacies and clinics to report, on a weekly basis, specified information for each prescription of Schedule II, Schedule III, or Schedule IV controlled substances, to the department, as specified.

~~This bill would require that dispensing pharmacies and clinics report that information to the department twice a week~~ *establish the CURES Fund within the state treasury to receive contributions to be allocated,*

upon appropriation by the Legislature, to the Department of Justice for the purposes of the CURES program, and would make related findings and declarations.

Vote: majority. Appropriation: no. Fiscal committee: ~~yes~~-no. State-mandated local program: no.

The people of the State of California do enact as follows:

1 **SECTION 1.** *The Legislature finds and declares all of the*
 2 *following:*

3 *(a) The Controlled Substance Utilization Review and Evaluation*
 4 *System (CURES) is a valuable investigative, preventive, and*
 5 *educational tool for law enforcement, regulatory boards,*
 6 *educational researchers, and the health care community. Recent*
 7 *budget cuts to the Attorney General’s Division of Law Enforcement*
 8 *have resulted in insufficient funding to support the CURES*
 9 *Prescription Drug Monitoring Program (PDMP). The PDMP is*
 10 *necessary to ensure health care professionals have the necessary*
 11 *data to make informed treatment decisions and to allow law*
 12 *enforcement to investigate diversion of prescription drugs. Without*
 13 *a dedicated funding source, the CURES PDMP is not sustainable.*

14 *(b) Each year the CURES program responds to more than*
 15 *60,000 requests from practitioners and pharmacists regarding all*
 16 *of the following:*

17 *(1) Helping identify and deter drug abuse and diversion of*
 18 *prescription drugs through accurate and rapid tracking of Schedule*
 19 *II, II, and IV controlled substances.*

20 *(2) Helping practitioners make better prescribing decisions.*

21 *(3) Helping reduce misuse, abuse, and trafficking of those drugs.*

22 *(c) Schedules II, III, and IV, controlled substances have had*
 23 *deleterious effects on private and public interests, including the*
 24 *misuse, abuse, and trafficking in dangerous prescription*
 25 *medications resulting in injury and death. It is the intent of the*
 26 *Legislature to work with stakeholders to fully fund the operation*
 27 *of the CURES program which seeks to mitigate those deleterious*
 28 *effects, and which has proven to be a cost-effective tool to help*
 29 *reduce the misuse, abuse, and trafficking of those drugs.*

30 **SECTION 1**

31 **SEC. 2.** Section 11165 of the Health and Safety Code is
 32 amended to read:

1 11165. (a) To assist law enforcement and regulatory agencies
2 in their efforts to control the diversion and resultant abuse of
3 Schedule II, Schedule III, and Schedule IV controlled substances,
4 and for statistical analysis, education, and research, the Department
5 of Justice shall, contingent upon the availability of adequate funds
6 from the Contingent Fund of the Medical Board of California, the
7 Pharmacy Board Contingent Fund, the State Dentistry Fund, the
8 Board of Registered Nursing Fund, ~~and~~ the Osteopathic Medical
9 Board of California Contingent Fund, *and the CURES Fund*,
10 maintain the Controlled Substance Utilization Review and
11 Evaluation System (CURES) for the electronic monitoring of, and
12 Internet access to information regarding, the prescribing and
13 dispensing of Schedule II, Schedule III, and Schedule IV controlled
14 substances by all practitioners authorized to prescribe or dispense
15 these controlled substances.

16 (b) The reporting of Schedule III and Schedule IV controlled
17 substance prescriptions to CURES shall be contingent upon the
18 availability of adequate funds from the Department of Justice. The
19 department may seek and use grant funds to pay the costs incurred
20 from the reporting of controlled substance prescriptions to CURES.
21 Funds shall not be appropriated from the Contingent Fund of the
22 Medical Board of California, the Pharmacy Board Contingent
23 Fund, the State Dentistry Fund, the Board of Registered Nursing
24 Fund, the Naturopathic Doctor's Fund, or the Osteopathic Medical
25 Board of California Contingent Fund to pay the costs of reporting
26 Schedule III and Schedule IV controlled substance prescriptions
27 to CURES.

28 (c) CURES shall operate under existing provisions of law to
29 safeguard the privacy and confidentiality of patients. Data obtained
30 from CURES shall only be provided to appropriate state, local,
31 and federal persons or public agencies for disciplinary, civil, or
32 criminal purposes and to other agencies or entities, as determined
33 by the Department of Justice, for the purpose of educating
34 practitioners and others in lieu of disciplinary, civil, or criminal
35 actions. Data may be provided to public or private entities, as
36 approved by the Department of Justice, for educational, peer
37 review, statistical, or research purposes, provided that patient
38 information, including any information that may identify the
39 patient, is not compromised. Further, data disclosed to any

1 individual or agency as described in this subdivision shall not be
2 disclosed, sold, or transferred to any third party.

3 (d) For each prescription for a Schedule II, Schedule III, or
4 Schedule IV controlled substance, as defined in the controlled
5 substances schedules in federal law and regulations, specifically
6 Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21
7 of the Code of Federal Regulations, the dispensing pharmacy or
8 clinic shall provide the following information to the Department
9 of Justice ~~twice a week~~ *on a weekly basis* and in a format specified
10 by the Department of Justice:

11 (1) Full name, address, and the telephone number of the ultimate
12 user or research subject, or contact information as determined by
13 the Secretary of the United States Department of Health and Human
14 Services, and the gender, and date of birth of the ultimate user.

15 (2) The prescriber’s category of licensure and license number;
16 federal controlled substance registration number; and the state
17 medical license number of any prescriber using the federal
18 controlled substance registration number of a government-exempt
19 facility.

20 (3) Pharmacy prescription number, license number, and federal
21 controlled substance registration number.

22 (4) NDC (National Drug Code) number of the controlled
23 substance dispensed.

24 (5) Quantity of the controlled substance dispensed.

25 (6) ICD-9 (diagnosis code), if available.

26 (7) Number of refills ordered.

27 (8) Whether the drug was dispensed as a refill of a prescription
28 or as a first-time request.

29 (9) Date of origin of the prescription.

30 (10) Date of dispensing of the prescription.

31 (e) *The CURES Fund is hereby established within the State*
32 *Treasury. The Cures Fund shall consist of all funds contributed*
33 *by organizations for the purposes of funding the CURES program.*
34 *Money in the CURES Fund shall, upon appropriation by the*
35 *Legislature, be available for allocation to the Department of Justice*
36 *for the purposes of funding the CURES program.*

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