

California

PDMP acronym: CURES Region: West

Agency Responsible: California Department of Justice

Agency Type: Law Enforcement Agency

PDMP Web Resources/Links

PDMP Website: https://oag.ca.gov/cures

PDMP Email: cures@doj.ca.gov

PDMP Register Website: http://oag.ca.gov/cures

User Account Manual: https://oag.ca.gov/system/files/media/cures-optimization-user-guide.pdf

PDMP Query Website: https://cures.doj.ca.gov

PDMP Data Upload Website: https://pmpclearinghouse.zendesk.com/hc/en-us/sections/4413199216915-CA-CURES-

Submitters

Data Upload Manual: https://pmpclearinghouse.zendesk.com/hc/en-us/article_attachments/26162720338963

Statute/Regulation Website: https://oag.ca.gov/cures/regulations

Opioid Guidelines Website: https://mbc.ca.gov/Resources/Medical-Resources/controlled-substance.aspx

PDMP FAQs: https://oag.ca.gov/cures/faqs
Integration Guidance: https://oag.ca.gov/cures/iews

PDMP Statistics Website: https://oag.ca.gov/cures/statistics

Opioid Dashboard Website: https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Opioids.aspx

Training Website: https://oag.ca.gov/cures/publications

PDMP Contact Information

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California Department of Justice I, California Department of Justice

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State Population and Number of Registrants

State population: 38,915,693 DEA Prescriber total: 212,415 DEA Dispenser total: 6,414

Data Transmitter(s)

Dispensing Practitioner Dispensing Veterinarians

Pharmacy (In-State) Pharmacy (Mail Order In-State)

Pharmacy (Mail Order Out of State)

Veterans Administration

Substances Monitored

Schedules II - V

Alternate Data Sources

Available Reports

Annual PDMP Reports Clinical Alerts
Customized Reports by User Type Data Dashboards

Dispenser Reports to Law Enforcement Licensee Reports to Licensing Board

Lost/Stolen Prescription Reports MME Calculations

Patient Query Lists to Law Enforcement Patient Query Lists to Licensing Boards

Patient Query Lists to Patients
Patient Reports to Law Enforcement
Patient Reports to Law Enforcement
Prescription Drug Combinations
Patient Reports to Dispensers
Patient Reports to Licensing Boards
Prescriptor Reports to Law Enforcement
Registrant Query Lists to Licensing Boards

Statewide Statistics

Statistical Capabilities

 # of Prescription Filled # of Prescriptions Filled by CS Schedule # of Prescriptions Filled by Drug Class Statistics Filtered by Age or Age Range Statistics Filtered by Ethnicity or Race 	 # of Dosage Units Dispensed # of Dosage Units Dispensed by CS Schedule # of Dosage Units Dispensed by Drug Class Statistics Filtered by Gender Identification Statistics Filtered by Geographic Location
 # of Authorized PDMP Users Enrolled # of Registrants in SDTC # of Registrants in SDTC by Practice/License Type 	 # of Prescribers Enrolled in PDMP by License Type # of Dispensers Enrolled in PDMP by License Type # of Prescribers Enrolled in PDMP by Specialty # of Unique Prescribers
 ✓ # of Data Errors by Error Type ✓ # of Data Errors Corrected ✓ # of At-Risk Patients by Risk Factor ✓ Risk Factor Statistics by Time Frame 	 ✓ # of In-State Queries ✓ # of In-State Queries by Requestor Type ✓ # of Interstate Queries ✓ # of Interstate Queries by Requestor Type ✓ # of Positive Matches from Interstate Queries
 # of Solicited Prescriber Reports # of Solicited Prescriber Reports by Requestor Type # of Unsolicited Prescriber Reports # of Solicited Prescriber Reports by Recipient Type # of Solicited Dispenser Reports # of Unsolicited Dispenser Reports # of Unsolicited Dispenser Reports # of Solicited Patient Reports by Recipient Type # of Solicited Patient Reports by Requestor Type # of Unsolicited Patient Reports # of Unsolicited Patient Reports # of Unsolicited Patient Reports by Recipient Type 	 # of Solicited Statistical Reports by Requestor Type # of Unsolicited Statistical Reports by Recipient Type ✔ # of Unique Requestors for Solicited Reports ✔ # of Unique Requestors by Requestor Type (sol. reports) # of Unique Requestors for Unsolicited Reports # of Unique Recipients by Recipient Type (unsol. reports) % Out-of-State Patients: <5% % Out-of-State Prescribers: <5% Data Analysis Resources Available:

Authorized PDMP Users

Dispenser Delegates - Unlicensed/Solicited In-State

Dispenser Delegates - Unlicensed/Solicited Out-of-State

Dispensers - Pharmacists/Solicited In-State

Dispensers - Pharmacists/Solicited Out-of-State

Dispensers - Pharmacists/Unsolicited In-State

Law Enforcement - Federal/Solicited In-State

Law Enforcement - Federal/Solicited Out-of-State

Law Enforcement - Local/Solicited In-State

Law Enforcement - State/Solicited In-State

Medical Examiners and Coroners/Solicited In-State

Nurse Practitioners/Solicited In-State

Nurse Practitioners/Solicited Out-of-State

Nurse Practitioners/Unsolicited In-State

Nurse Practitioners/Unsolicited Out-of-State

Physician Assistants/Solicited In-State

Physician Assistants/Solicited Out-of-State

Physician Assistants/Unsolicited In-State

Physician Assistants/Unsolicited Out-of-State

Prescriber Delegates - Licensed/Solicited In-State

Prescriber Delegates - Unlicensed/Solicited In-State

Prescriber Delegates - Unlicensed/Solicited Out-of-State

Prescribers/Solicited In-State

Prescribers/Solicited Out-of-State

Prescribers/Unsolicited In-State

Prescribers/Unsolicited Out-of-State

Regulatory and Licensing Boards/Solicited In-State

Engaged PDMP Users

Dispensers - Pharmacists/Solicited In-State

Dispensers - Pharmacists/Solicited Out-of-State

Law Enforcement - Federal/Solicited In-State

Law Enforcement - Federal/Solicited Out-of-State

Law Enforcement - Local/Solicited In-State

Law Enforcement - State/Solicited In-State

Medical Examiners and Coroners/Solicited In-State

Nurse Practitioners/Solicited In-State

Nurse Practitioners/Solicited Out-of-State

Nurse Practitioners/Unsolicited In-State

Nurse Practitioners/Unsolicited Out-of-State

Physician Assistants/Solicited In-State

Physician Assistants/Solicited Out-of-State

Physician Assistants/Unsolicited In-State

Physician Assistants/Unsolicited Out-of-State

Prescribers/Solicited In-State

Prescribers/Solicited Out-of-State

Prescribers/Unsolicited In-State

Prescribers/Unsolicited Out-of-State

Regulatory and Licensing Boards/Solicited In-State

Budget

Total Annual Budget: # of Employees - Operational: # of Employees - Technical: # of Employees - Analytical:	12 5 6	PDMP Staff: # of Employees - Other:	2	3	
Lizancina Cas		Funding Source(s)			
Licensing Fee					
		Technologies			
Data Collection Entity: Data Collection Vendor name: Data Storage Entity: Data Storage Vendor name: Report Generation Entity: Report Generation Vendor name: Data Access Method: Data Access Entity: Data Access Vendor name:	Vendor Bamboo Hell In-House In-House In-House Web Applica In-House In-House	alth \square	State HIE in p RxCheck Inte VHA VISTA in HL7 FHIR con SAP Version U	egration Allowed ntegration nnectivity	
		Patient Matching	,		
	rithms: two entities criteria are Same na	g [Exact Mate Probablisti Probablisti Probablisti	ic Matching ic and Manual Mat t least one of the f	_
Integration(s) Available					
Integration Type % Providers EHR Integration 10-24% ✓ Data Downloaded/Stored ✓ Data Incorporated with Intersta Integration Standards:		Paid by Fed Gov't Paid by ✓ Data Manipulated for Ar ☐ Multistate Integrations A 2017071 NCPDP	nalysis Allowed		Paid by Provider
Integration Type % Providers HIE Integration 25-49% □ Data Downloaded/Stored ☑ Data Incorporated with Intersta Integration Standards:	Hub Used n/a te Data	Paid by Fed Gov't Paid by Data Manipulated for Ar Multistate Integrations A 2017071 NCPDP	nalysis Allowed		Paid by Provider

Integration Type % Providers	Hub Used	Paid by Fed Gov't Paid by State Gov't	Paid by Facility	Paid by Provider
PDS Integration Unknown	n/a			
\square Data Downloaded/Stored		\square Data Manipulated for Analysis		
☐ Data Incorporated with Inters	state Data	\square Multistate Integrations Allowed		
Integration Standards:		2017071 NCPDP script stand	ard	

RxCheck Hub

PDMP Policies

Enabling legislation enacted:	1939	Data collection frequency:	Daily or next busines
PDMP operational:	1939	\square Requirement for zero-report	ing
User access date (any method):		Frequency of zero-reporting:	
User electronic access date:	2009		
Date received electronic data:	2007		
Interstate sharing start date:	2023		
Law/Statute citation:	CA HSC §11165		
Regulation/Rule citation:	CA Code of Regulations, title 1	11, division 1, chapter 8.5, sectio	ons 820-828
Dr Shopper law/statute:			
Pill Mill law/statute:			
Pain Clinic law/statute:			
Unauthorized Use or Disclosure:	CA Code of Regulations, title 1 §11165.1	11, division 1, chapter 8.5, section	ons 820-828 and CA HSC
Enacted 42 CFR Part 2: 42 CFR Part 2 Details:			
□ Required Notification to cons □ Mandated Use of Advisory Gr ☑ Payment method captured ☑ Ability to id prescriber specia □ Patient consent required befo □ Ability for users to set thresh □ Ability for users to do user-le ☑ Mandatory E-Prescribing (EPO ☑ Compliance Process for Enroll ☑ Compliance Process for Query □ ICD-10 Codes Collected □ Deceased Patient Field □ Engaged in Academic Detailin □ Patient ID Required to be Pre ☑ Ability to de-id data ☑ Authority to release de-id dat De-identified data sharing conditi	roup Ity ore PDMP data release olds for alert notices d alert notices CS) Iment Mandates y Mandate g esented to Dispenser ID T	Data Retention Policy Data Retention Time: 7 years All Information Purged Patient Information Purged Prescriber Information Purge Dispenser Information Purge Drug Information Purged HIPAA Covered Entity Identifiable Data to State He Identifiable Data to local He Certified as CMS Specialized PDMP Disaster Recovery Place Types Reported:	ged ged ealth Dept ealth Dept d Registry
De-Identified Data Retention Det ✓ Retain De-Identified Data	tails: De-identified data is reta	ined indefinitely.	
Record Retention Details: ✓ Patient Notification of Breach Patient Breach Notification Meth		✓ Written Notification of Breath	each
Patient Breach Notification Method Other: If there is a data breach, the breach is to be reported to the California Department of Justice State Program Contract Manager and the Information Security Office immediately by telephone and email upon the discovery security incident and/or breach. Once the CADOJ Information Security Creviews the matter, the Information Security Office works with the CAD Privacy Officer and the CADOJ Chief Information Officer on any reporting to be carried out, such as to patients in alignment with California Civil Control Co			ager and the Information I upon the discovery of a formation Security Office works with the CADOJ ficer on any reporting that is

E-prescribing exemptions/waivers:

Enrollment and Accounts
✓ Superviser Review/audit of Delegate Accounts Number of Delegates allows: 50
☐ Auto Enroll with License Renewal or App
Enrollment Method:
For California licensed providers, CURES provides a strictly paperless, electronic registration for applicants. New registrants must initiate an online registration, and complete an electronic form which includes providing their identification, licensure, and when applicable, their DEA registration certificate. Non-California licensed providers must upload notarized supporting documentation to their electronic form for manual review. Law enforcement and regulatory board applicants must upload required supporting documentation to their electronic form for manual review.
All applicants will receive their CURES application determination via email.
Practitioner IDs for PDMP Account:
DEA Registration Certificate and State License Number.
2 Factor Authentication:
2 factor authentication not offered
Criteria for Dispensers to get account to upload data
State licensure; https://pmpclearinghouse.zendesk.com/hc/en-us/articles/4413751075731-Data-Submission-Guide-for-Dispensers
Criteria for Prescriber delegates to get account:
Must qualify as a Delegate pursuant to the requirements of California Code of Regulations (CCR) title 11, Division 1, Chapter 8.5, § 824.1 (a). Must enter into a Delegate Agreement with the Authorizing User pursuant to the requirements of CCR § 824.2 (a). The Delegate and the Authorizing User must then complete the electronic Delegate association process.
Criteria for Dispenser delegates to get account:
Must qualify as a Delegate pursuant to the requirements of California Code of Regulations (CCR) title 11, Division 1, Chapter 8.5, § 824.1 (a). Must enter into a Delegate Agreement with the Authorizing User pursuant to the requirements of CCR § 824.2 (a). The Delegate and the Authorizing User must then complete the electronic Delegate association process.
Criteria for PAs to get account:
PA License, valid DEA registration certificate.
Criteria for Nurse Practitioners to get account:
NP License, valid DEA registration certificate.
Criteria for other users to get account: State professional licensure (as a Dentist, Naturopathic Doctor, Optometrist, Osteopathic Doctor, Podiatrist, or Veterinarian)
and DEA Registration Certificate.
Requirements for Patients to get PDMP Report: Either a completed and notarized "CURES 101 Information Practices Act Individual Request Form" or a completed and
notarized "CURES 201 Information Practices Act Representative Request Form.
Requirements for others to get PDMP Report
Criteria for Online Non-healthcare accounts:
Licensing/Regulatory Board Investigators - A Regulatory Agency officer or employee can access CURES, or request data from CURES, on behalf of that Regulatory Agency.
Medical Examiners/Coroners - A Law Enforcement Agency officer or employee can access CURES, or request data from
CURES, on behalf of that Law Enforcement Agency. PDMP Data for Epidemiological Purposes: Authority to Release
✓ Law Enforcement On-line access to PDMP Law Enforcement Written Request access to PDMP Law Enforcement Access Method:
Law Enforcement Access Requirements: Active Investigation

✓ PDMP Access without DEA Number

 $\ensuremath{\checkmark}$ PDMP users validated with DEA Registration File

□ PDMP users validated with NPI File ☑ PDMP users validated with State Licensing Board File		The authenticity of each Non-DEA Practitioner is validated against the applicable licensing board at the time of registration. Each Non-DEA Practitioner is asked to provide the following information: a) Personal Information i) First Name and Last Name ii) Date of Birth b) Licensing Information i) Identification Number (1) Social Security Number (SSN) (2) Individual Taxpayer Identification Number (ITIN) ii) Licensing Board iii) Category of Licensure iv) State License Number
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Enrollment Mandates

Dispenser - Mandatory PDMP Enrollment Prescriber - Mandatory PDMP Enrollment

Effective Date(s): January 1, 2014 (when provision became effective; practitioners have until July 1, 2016 to comply)

Details:

All California licensed pharmacists upon licensure are required to register for access to CURES. All California licensed health care practitioners authorized to prescribe, order, administer, furnish, or dispense Schedule II, III, IV, or V controlled substances in California, upon receipt of a federal DEA registration certificate, are required to register for access to CURES.

Use Mandates

Prescriber - Mandatory PDMP Use

Effective Date(s): October 2, 2018; September 1, 2023

Details:

Prescribers are required to consult the CURES database prior to prescribing a Schedule II, III, or IV controlled substance to a patient for the first time and at least every 6 months thereafter if the substance remains part of the patient's treatment.

- © 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 in any of

the following facilities or during a transfer between any of the following facilities, or 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.
- © 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.
- € Another medical facility, including, but not limited to, an office of a health care practitioner and an imaging center.
- (F) A correctional clinic, as described in Section 4187 of the Business and Professions Code, or a correctional pharmacy, as described in Section 4021.5 of the Business and Professions Code.
- (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 buprenorphine or other controlled substance containing buprenorphine in the emergency department of a general acute care hospital.
- (4) 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, radiotherapeutic, therapeutic, or diagnostic procedure 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, 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.
- © 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.
- € A place of practice, as defined in Section 1658 of the Business and Professions Code.
- (F) Another medical facility where surgical procedures are permitted to take place, including, but not limited to, the office of a health care practitioner.
- (5) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient who is terminally
- ill, as defined in subdivision © of Section 11159.2.
- (6) (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 controlledsubstance prescribed, ordered, administered, or furnished does not exceed a nonrefillable seven 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 they did not consult the database in the patient's medical record.
- (7) If the CURES database is not operational, as determined by the department, or 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 the cause of the temporary technological or electrical failure that is reasonably within the health care practitioner's control.
- (8) If the CURES database cannot be accessed because of technological limitations that are not reasonably within the control of a health care practitioner.
- (9) 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 seven-day supply if the controlled substance were used in accordance with the directions for use.

Training on Enrollment and Use

Prescriber - Training Provided Webinar; User Guides

Licensing Board - Training Provided Webinar; User Guides

Law Enforcement - Training Provided Webinar; User Guides

Dispenser - Training Provided Webinar; User Guides

PDMP Queries

Patient Query Date Range: 24 months from date of search Other Query Date Range:

Minimum data elements to query for healthcare user: Partial First or Last name and DOB

Query by partial data elements by healthcare user: 1 character

Optional data elements to query by healthcare user: Gender, Address, City, State, and Zip Code.

Minimum data elements to query for non-healthcare user: For Regulatory Agency Officials, First and Last Name, and Search

Period are required.

For Law Enforcement Officials, First and Last Name, DOB, and

Search Period are required.

Query by partial data elements by non-healthcare user: 1 character

Optional data elements to query by non-healthcare user: For Regulatory Agency Officials, the following fields are optional:

DOB, Address, City, State, Zip, Gender and Animal Name.

For Law Enforcement Officials, the following fields are optional:

Address, City, State, Zip Code, Gender, and Animal Name

Unsolicited Reports/Push Notifications

Frequency unsolicited alerts/reports generated: Daily

Delivery method for unsolicited alerts/reports: Patient Safety Alerts are generated daily and displayed on the

prescriber's dashboard.

Delivery method for unsolicited alerts/reports - LE: Delivery method for unsolicited alerts/reports - Boards:

☐ Unsolicited alerts/reports to practitioners not enrolled in PDMP

Veterinary Policies

Data transmission frequency for Veterin	narians: weekly	
Criteria for veterinarian queries:	Animal's Name	
☐ Veterinarian access to owner's presc☐ Reporting Specifications	ription history	\square Veterinary Icon on PDMP Report
Reporting Method:	Electronic	
Reporting Specifications:		
Data Fields:	-	PAT08 - Owner's First Name, PAT12 - Address, PAT14 - Zip Code, PAT18 - Owner's Date of Birth, PAT19 - Gende PAT23 - Name of Animal
Reporting Description:	Veterinarians are required to	report controlled substance dispensations.
✓ Reporting Mandate Compliance		
Reporting Compliance Details:	•	s data and reports available for the Veterinary Medical compliance with the reporting mandate.
Reporting Mandate Actions:		
Reporting Issues:	Inconsistencies in data repor	ted by veterinarians.
Reporting Misc Information:		
✓ Enrollment Mandate Compliance		
Enrollment Description:	If a veterinarian receives a D CURES database is required.	EA registration certificate, registration for access to the
Enrollment Mandate Compliance Detail	s: Enrollment compliance is ento various licensing boards and	forced by the Department of Consumer Affairs and thei committees.
Enrollment Mandate Criteria:		
☐ Query Mandate Compliance		
Query Description:		
Query Mandate Compliance Details:		
Query Mandate Criteria:		