



CURES Frequently Asked Questions

The California prescription-monitoring program, CURES, is committed to fighting pharmaceutical drug diversion without affecting legitimate medical practice and patient care.

Q: What is CURES?

A: All prescription drug history information is maintained in the California's Controlled Substance Utilization Review and Evaluation System, or CURES, a database which contains 86 million records. The database includes information about the drug dispensed, drug quantity and strength, patient name, address, prescriber name, and authorization number including DEA number or prescription number. California doctors and pharmacies are required to report to the California Department of Justice, within seven days, every schedule II, III and IV drug prescription that is written. There are 7,500 pharmacies and 155,000 prescribers in California reporting prescription information annually.

Q: What are schedule II, III and IV drugs?

A: Examples of Schedule II drugs include: Ritalin, Methadone and Morphine. Some Schedule III drugs include: Vicodin, Katamine and Anabolic steroids. Valium, Ambien and Clonazepam are examples of Schedule IV drugs.

Q: When was CURES established?

A: CURES evolved from California's triplicate prescription program, created in 1940 to monitor schedule II controlled drugs including morphine, oxycotin, and methadone using duplicate prescription pads. In 1996 CURES was established as a pilot project by the California Board of Pharmacy. The Pain Treatment and Drug Diversion Prevention Act of 2003 made CURES a permanent program.

Q: How do authorized agencies use prescription history information?

A: The Attorney General's Office currently provides authorized agencies with Patient Activity Reports which reflect all controlled substances dispensed to an individual. This report alerts doctors and pharmacies to individuals who try to collect multiple narcotics prescriptions from many different doctors. This information is currently made available by fax or telephone. California's new system will provide real-time online access for authorized agencies.

California's new system will provide doctors, pharmacies, midwives, registered nurses, authorized law enforcement agencies, and medical profession regulatory boards with real-time access to the database. The new CURES database will help practitioners make better informed prescribing decisions regarding controlled substances. It will allow practitioners to check what drugs a patient has already received before deciding whether to authorize additional medications.

Q: How active is CURES?

A: The California Department of Justice has provided over 11,000 Patient Activity Reports to authorized agencies since January 2008. Last year, the department released 53,000 reports. In 2007, there were 990 investigative requests from regulatory boards, local law enforcement and DEA. The Department of Justice internally tracked 558 suspicious activities.

Q: What are some of the benefits of the new real-time system?

A: Some of the social and economic benefits of the new CURES online system will include the state's ability to:

- Reduce drug trafficking and abuse of dangerous prescription medications which often results in injury or death
- Reduce direct financial losses to health care providers, hospitals and pharmacies that waste time and lose productivity when patients doctor shop to feed drug addiction or criminal activity
- Reduce lost productivity to employers, employee lost wages, and drug rehabilitation expenses
- Reduce prescriber, hospital, and pharmacy liability and increasing healthcare costs
- Reduce hospital emergency room visits attributed to prescription drug overdose and misuse

Q: Who will have access to the new database?

A: The same agencies that are currently authorized to have access to patient prescription drug history information. This includes: doctors, pharmacists, and regulatory boards including the Board of Pharmacy, Medical Board, Dental Board, Board of Registered Nursing, Veterinary Board and Osteopathic Medical Board. Law enforcement agencies may also request Patient Activity Reports to assist with an ongoing investigation.

Q: How much will the new system cost and who will maintain it?

A: The Troy and Alana Pack foundation will obtain the \$3.5 million necessary for building the system which includes new software and server space. The California Department of Justice will maintain the system using existing resources.

Q: What types of prescription drug abuse cases does the California Department of Justice investigate?

A: The California Attorney General's Office investigates patients who visit many different doctors, a practice known as doctor shopping, to obtain many controlled narcotics through deceit and outright fraud. The office also investigates physicians who sell or divert prescriptions to drug dealers or addicts. The office also investigates pharmacists who falsify records and employees who steal narcotics and prescription pads.

Q: To what extent are crooked doctors responsible for a rise in prescription drug abuse?

A: In 2006, the California Medical Board took 84 actions against physicians: 53 for gross negligence resulting in bodily injury or death, 9 for excessive prescribing (11%), 18 for sexual misconduct with a patient and 4 for practicing under the influence. There are 96,000 license physicians and surgeons in California.

The attorney general has also investigated doctors for criminal violations related to prescribing practices. In May, state agents arrested Dr. Wesley Albert in Lake Elsinore for writing large quantities of prescription drugs from a hotel room which led to an individual's death in Riverside. In October 2007, state agents served search warrants at various doctors' offices, billing locations, and residences in both Los Angeles and Orange Counties, related to the death of Anna Nicole Smith. That investigation is ongoing.

During the last 5 years the Bureau of Narcotic Enforcement has also conducted two investigations into doctors for fraud. The Bureau of Medical Fraud and Elder Abuse has conducted undercover investigations into doctors accused of improper prescribing practices.

Q: How do analysts evaluate CURES information?

A: CURES Criminal Intelligence Specialists analyze data to identify abuse and fraud. The analysts compile intelligence reports and send them to state Bureau of Narcotic Enforcement regional offices and local and federal law enforcement. Analysts also monitor specific patients' activity over time periods to identify trends or possible patterns of abuse.

Q: How will the state ensure that the new database is secure?

A: For 30 years, the California Department of Justice has protected highly sensitive and confidential law enforcement information and database using the latest technology and strict security standards.

The new CURES database will be accessible only to authorized medical regulatory boards, law enforcement agencies with active criminal cases, pharmacies and medical practitioners. The California Department of Justice data center, where the CURES database will reside, meets some of the most stringent security and privacy standards established by the Governors Office and mandated by the Healthcare Insurance Portability and Accountability Act or HIPAA. Highlights include:

- State-of-the-art secure data center with automated redundant control systems, including power, air conditioning and communication for data recovery and backup.
- Compliance with latest federal security and encryption standards.
- 24x7 real-time monitoring and protection of the CURES database using refined intrusion detection and prevention tools.
- Sophisticated redundant network firewalls with real-time network traffic analysis.
- Advanced encryption of all confidential CURES data both in storage and in transmission for maximum data protection.
- Automated authentication and authorization systems restricting access only to authorized individuals.
- Complete logging of all CURES database access and transactions for auditing and traceability.
- Comprehensive disaster recovery plans and technology to protect CURES in the event of a catastrophic event.

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