

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 1731  
AUTHOR: Santiago  
BILL DATE: February 17, 2023, Introduced  
SUBJECT: CURES Database: Buprenorphine  
SPONSOR: Ca. Chapter of the American College of Emergency  
Physicians  
POSITION: Support

DESCRIPTION OF CURRENT LEGISLATION

Exempts a health care practitioner who prescribes, orders, administers, or furnishes buprenorphine in the emergency department of a hospital from the duty to consult the state's prescription drug monitoring program database, known as the Controlled Substance Utilization Review and Evaluation System (CURES).

**AB 1707 has not been amended since the Board adopted a Support position on the bill.**

BACKGROUND

Existing law only allows certain licensed health care providers to prescribe controlled substances to their patients. [Health and Safety Code \(HSC\) section 11165.4](#) sets forth the requirements for a provider to consult CURES before prescribing a Schedule II, II, or IV substance, and includes certain exceptions to that requirement, including, among other circumstances:

- While administering to patients on the premises of a licensed health facility.
- When providing a nonrefillable seven-day supply in the emergency department of a general acute care hospital or following a surgical, therapeutic, or diagnostic procedure.

ANALYSIS

According to the author's fact sheet:

“CURES is an effective resource to help facilitate appropriate prescribing decisions and to identify patients abusing controlled substances so they can receive assistance. Emergency physicians use CURES regularly. However, there are instances in the ED where a requirement to look up a patient's history is unnecessary, and needlessly slows down the potentially life-saving care being delivered to patients in the ED. In result, there are exemptions for a physician to give out a prescription without reviewing CURES.

While in most instances it is worth the time it takes, there is no information in a patient’s prescribing history that will change the decision to prescribe buprenorphine. Buprenorphine has fewer side effects than methadone and does not have the same risk of abuse or dependency. Knowing that a patient already has prescriptions for buprenorphine or other controlled substances is unlikely to change the decision of a provider to prescribe buprenorphine.”

This bill is intended to save time for providers working in an emergency department to help patients who may be experiencing symptoms of opioid use withdrawal. AB 1731 provides for a modest expansion of the current exemptions to check CURES, in this instance, to provide their patient with [buprenorphine](#) in the emergency department of a general acute care hospital in excess of a nonrefillable seven-day supply.

FISCAL: No anticipated costs.

SUPPORT: None identified.

OPPOSITION: None identified.

ATTACHMENT: [AB 1731, Santiago - CURES Database: Buprenorphine.](#)  
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