
THIRD READING

Bill No: AB 1233
Author: Waldron (R)
Amended: 3/23/23 in Assembly
Vote: 21

SENATE HEALTH COMMITTEE: 12-0, 6/7/23

AYES: Eggman, Nguyen, Glazer, Gonzalez, Grove, Hurtado, Limón, Menjivar,
Roth, Rubio, Wahab, Wiener

SENATE APPROPRIATIONS COMMITTEE: 7-0, 9/1/23

AYES: Portantino, Jones, Ashby, Bradford, Seyarto, Wahab, Wiener

ASSEMBLY FLOOR: 79-0, 4/27/23 (Consent) - See last page for vote

SUBJECT: Substance abuse: Naloxone Distribution Project: tribal governments

SOURCE: Author

DIGEST: This bill requires the Department of Health Care Services (DHCS), until March 31, 2027, to conduct outreach and provide technical assistance to tribal governments, as specified, regarding the Naloxone Distribution Project; and requires DHCS to report specified information to the Legislature.

ANALYSIS: Existing law authorizes licensed health care providers to issue a standing order for the distribution or the administration of naloxone or any other opioid antagonist that is approved by the United States Food and Drug Administration (FDA) for the treatment of an opioid overdose to a person at risk of overdose, or family members, friends, or other persons in a position to assist a person at risk of an opioid-related overdose. Requires a person who is prescribed or possesses naloxone or any other opioid antagonist pursuant to a standing order to receive training, as specified. [CIV §1714.22, et seq.]

This bill:

- 1) Requires DHCS to conduct outreach to each of the tribal governments in California to advise them of the availability of naloxone or another opioid antagonist through the Naloxone Distribution Project (NDP). Requires DHCS to provide technical assistance on the application process for the NDP if requested by a tribal government.
- 2) Requires DHCS to report to the Legislature and Assembly and Senate Health Committees the results of the outreach efforts annually, beginning on March 31, 2025. Requires the report to include:
 - a) The tribes that participated in the NDP as a result of DHCS's outreach;
 - b) The number of applicants that participated in the NDP as a result of DHCS's outreach; and,
 - c) The effectiveness of the outreach and the NDP in lowering both opioid overdoses and deaths within the Native-American community.
- 3) Sunsets this bill on March 31, 2027.

Comments

- 1) *Author's statement.* According to the author, this bill aims to support tribal communities dealing with substance abuse by aiding them in accessing medical supplies effectively. Additionally, this bill acknowledges the significance of empowering tribal governments to make decisions that align with the unique needs of their respective communities. This bill requires the DHCS to provide technical assistance and crucial outreach to those tribal entities applying for naloxone kits through the NDP if requested to do so by a tribal government. This bill would help the Native American community that has been vulnerable and underserved since the European settlers arrived.
- 2) *Naloxone.* According to the U.S. Surgeon General, naloxone is an opioid antagonist that is used to temporarily reverse the effects of an opioid overdose, namely slowed or stopped breathing. Expanding the awareness and availability of this medication is a key part of the public health response to the opioid epidemic. Naloxone is a safe antidote to a suspected overdose and, when given in time, can save a life. Research shows that when naloxone and overdose education are available to community members, overdose deaths decrease in those communities. Therefore, increasing the availability and targeted distribution of naloxone is a critical component of our efforts to reduce opioid-

related overdose deaths and, when combined with the availability of effective treatment, to ending the opioid epidemic. In most states, including California, people who are or who know someone at risk for opioid overdose can go to a pharmacy or community-based program, to get trained on naloxone administration, and receive naloxone by “standing order,” i.e., without a patient-specific prescription. Most states have laws designed to protect health care professionals for prescribing and dispensing naloxone from civil and criminal liabilities, as well as Good Samaritan laws to protect people who administer naloxone or call for help during an opioid overdose emergency. Naloxone is used by police officers, emergency medical technicians, and non-emergency first responders to reverse opioid overdoses. There are two FDA-approved naloxone products for community use that are available by prescription, but too few community members are aware of the important role they can play to save lives. The U.S. Surgeon General advises patients and the public to talk with their doctor or pharmacist about obtaining naloxone; learn the signs of opioid overdose, like pinpoint pupils, slowed breathing or loss of consciousness; and, get trained to administer naloxone in the case of a suspected emergency.

- 3) *Statewide standing order for naloxone distribution.* CDPH issued a statewide standing order for naloxone in June 2018. The order allows organizations and entities, including K-12 schools, colleges, and universities, to distribute naloxone to a person who is at risk of experiencing an overdose or an individual in a position to assist an at-risk person. Staff of community organizations and other entities distributing naloxone under the statewide standing order are required to receive training, and are also required to provide training to individuals who receive naloxone from them. Organizations may apply to use the statewide standing order and meet certain terms and conditions. A separate distribution program administered through DHCS makes use of the statewide standing order and allows various entities to apply for and obtain naloxone at no cost.
- 4) *NDP.* The NDP aims to reduce opioid overdose deaths through the provision of free naloxone. Entities can apply to DHCS to have naloxone shipped directly to their address. Eligible entities include:
 - a) Law enforcement such as police departments, county jails, and probation;
 - b) Fire, emergency medical services (EMS), and first responders;
 - c) Schools and universities;
 - d) County public health and behavioral health departments; and,

- e) Community organizations, such as harm reduction organizations or community opioid coalitions.

Since it began in October 2018, the NDP has distributed more than 2.2 million kits of naloxone, which have been used to reverse more than 140,000 overdoses. The NDP receives State General Funds and opioid settlement funds from the Janssen and Distributors (J&D) Settlement Agreements.

- 5) *Recent FDA approval.* On March 29, 2023, the U.S. Food and Drug Administration (FDA) approved four-milligram naloxone nasal spray for over-the-counter (OTC), nonprescription, use—the first naloxone product approved for use without a prescription. This action, according to the FDA, paves the way for the life-saving medication to reverse an opioid overdose to be sold directly to consumers in places like drug stores, convenience stores, grocery stores, and gas stations, as well as online. The timeline for availability and price of this OTC product is determined by the manufacturer. The FDA will work with all stakeholders to help facilitate the continued availability of naloxone nasal spray products during the time needed to implement the switch from prescription to OTC status, which may take months. Other formulations and dosages of naloxone will remain available by prescription only. In its November 15, 2022, announcement related to the preliminary assessment for the OTC approval, the FDA specified it was assessing whether certain naloxone drug products—up to four milligrams nasal spray and up to two milligrams autoinjector for intramuscular or subcutaneous use—would be approved as safe and effective for nonprescription use.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Senate Appropriations Committee, DHCS estimates costs to perform the outreach and reporting activities to be \$314,000 in 2024-25 and \$296,000 in 2025-26 and ongoing (General Fund and federal funds).

SUPPORT: (Verified 8/22/23)

California Tribal Business Alliance
County Behavioral Health Directors Association of California
Sister Warriors Freedom Coalition

OPPOSITION: (Verified 8/22/23)

None received

ARGUMENTS IN SUPPORT: The Sister Warriors Freedom Coalition states that American Indians and Alaskan Natives make up approximately 2% of the California population, but nationally this group has the highest opioid-related death rates. This bill would provide California's tribal governments with the resources and education they need in order to help prevent opioid-related deaths in their community. Sister Warriors states that this bill helps ensure tribal communities that are struggling with drug misuse are able to apply to obtain medical supplies that will help save lives while simultaneously recognizing the importance of letting the tribal governments work independently in the interest of their communities. As we are in the midst of an opioid epidemic, it is imperative that these life-saving medications are available to one of our most vulnerable communities.

ASSEMBLY FLOOR: 79-0, 4/27/23

AYES: Addis, Aguiar-Curry, Alanis, Alvarez, Arambula, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Juan Carrillo, Wendy Carrillo, Cervantes, Chen, Connolly, Megan Dahle, Davies, Dixon, Essayli, Flora, Mike Fong, Vince Fong, Friedman, Gabriel, Gallagher, Garcia, Gipson, Grayson, Haney, Hart, Holden, Hoover, Irwin, Jackson, Jones-Sawyer, Kalra, Lackey, Lee, Low, Lowenthal, Maienschein, Mathis, McCarty, McKinnor, Muratsuchi, Stephanie Nguyen, Ortega, Pacheco, Papan, Joe Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Reyes, Luz Rivas, Robert Rivas, Rodriguez, Blanca Rubio, Sanchez, Santiago, Schiavo, Soria, Ta, Ting, Valencia, Villapudua, Waldron, Wallis, Ward, Weber, Wicks, Wilson, Wood, Zbur, Rendon

NO VOTE RECORDED: Jim Patterson

Prepared by: Reyes Diaz / HEALTH / (916) 651-4111
9/2/23 12:11:13

**** **END** ****