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THIRD READING

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Bill No: SB 67  
Author: Seyarto (R)  
Amended: 4/24/23  
Vote: 27

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SENATE HEALTH COMMITTEE: 11-0, 4/19/23  
AYES: Eggman, Nguyen, Dahle, Glazer, Gonzalez, Limón, Menjivar, Roth,  
Rubio, Wahab, Wiener  
NO VOTE RECORDED: Hurtado

SENATE APPROPRIATIONS COMMITTEE: 7-0, 5/18/23  
AYES: Portantino, Jones, Ashby, Bradford, Seyarto, Wahab, Wiener

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**SUBJECT:** Controlled substances: overdose reporting

**SOURCE:** Author

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**DIGEST:** This bill requires a coroner or medical examiner to report deaths that are a result of a drug overdose to the Overdose Detection Mapping Application Program managed by the Washington/Baltimore High Intensity Drug Trafficking Area program.

**ANALYSIS:**

Existing law:

- 1) Establishes the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (EMS Act) to provide for a statewide system for emergency medical services (EMS), and establishes the Emergency Medical Services Authority (EMSA), which is responsible for the coordination and integration of state activities concerning EMS, including the establishment of minimum standards, policies, and procedures. [HSC §1797, et seq.]
- 2) Requires EMSA, utilizing regional and local information, to assess each EMS area or the system's service area for the purpose of determining the need for

additional emergency services, and the coordination and effectiveness of EMS. Requires EMSA to develop planning and implementation guidelines for EMS systems which address specified components, including communications, system organization and management, and data collection and evaluation. [HSC §1797.102 and §1797.103]

- 3) Authorizes counties to develop an EMS program and designate a local EMS agency (LEMSA) responsible for planning and implementing an EMS system, which includes day-to-day EMS system operations. [HSC §1797.200, et seq.]
- 4) Requires an EMS provider to do both of the following when collecting and submitting data to a LEMSAs: a) use an electronic health record system that exports data in a format that is compliance with the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information System (NEMSIS) standards; and b) ensure that the electronic health record system can be integrated with the LEMSAs's data system. [HSC §1797.227]
- 5) Requires the Attorney General to encourage research on misuse and abuse of controlled substances, and in connection with the research, among other things, to authorize hospital and trauma centers to share information with local law enforcement agencies, EMSA, and LEMSAs about controlled substance overdose trends. Requires the information provided by hospitals and trauma centers to only include the number of overdoses and the substances suspected as the primary cause of the overdose, and requires any information to be shared in a manner that ensures complete patient confidentiality. [HSC §11601]
- 6) Requires a county coroner to inquire into and determine the circumstances, manner, and cause of certain deaths, including all violent, sudden, or unusual deaths, and deaths due to drug addiction, among other types of deaths. [GOV §27491]
- 7) Permits a county Board of Supervisors to abolish the office of coroner and provide instead for the office of medical examiner, as specified, and requires the medical examiner to be a licensed physician and surgeon duly qualified as a specialist in pathology. [GOV §24010]

This bill:

- 1) Requires a coroner or medical examiner who evaluates an individual who died, in the coroner or medical examiner's expert opinion, as the result of an

overdose as a contributing factor, to report the incident to ODMAP managed by the Washington/Baltimore High Intensity Drug Trafficking Area program.

- 2) Defines, for purposes of this bill, “Overdose” as a condition, including extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death, resulting from the consumption or use of any controlled dangerous substance that requires medical attention, assistance, or treatment, and clinic suspicion for drug overdose, including respiratory depression, unconsciousness, or altered mental state, without other conditions to explain the clinical condition.
- 3) Requires the coroner or medical examiner to make the overdose report as soon as possible, but no later than 72 hours after examining the individual. Requires, if the cause of death is still preliminary and pending toxicology screens, the coroner or medical examiner to report the overdose as a preliminary report, and to update the report when the cause of death is confirmed.
- 4) Prohibits overdose information reported to ODMAP by a coroner or medical examiner, or shared with ODMAP by EMSA, from being used for a criminal investigation or prosecution.
- 5) Provides immunity from civil or criminal liability to persons who in good faith make a report under this bill.
- 6) States the intent of the Legislature that the overdose information gathered pursuant to this bill be used for the purpose of making decisions regarding the allocation of public health and educational resources to communities adversely impacted by the use of drugs that lead to overdoses.

## **Comments**

- 1) *Author’s statement.* According to the author, Californians are falling victim to drug dealers who prey on the potency and availability of illicit drugs and opioids, like fentanyl. While each state, local, and federal departments uses its own program to track and report overdose incidents, currently, there is no uniform sharing of overdoses that include emergency medical services agencies, coroners, and fire departments. Limited to only authorized personnel and eliminating all personal identifiable information, ODMAP provides an essential tool for first responders on the frontlines of the opioid epidemic to effectively track and address live patterns of overdoses.
- 2) *Background on EMS.* While EMSA is the lead agency and centralized resource to oversee emergency and disaster medical services, day-to-day EMS system

management is the responsibility of the local and regional EMS agencies. California has 34 local EMS agency systems that provide EMS for California's 58 counties. Regional systems are usually comprised of small, more rural, less-populated counties and single-county systems generally exist in the larger and more urban counties. The EMS Act comprehensively regulates emergency medical care in California. Enacted in 1980, the EMS Act provides for the creation of emergency medical procedures and protocols, certification of emergency medical personnel, and coordination of emergency responses by fire departments, ambulance services, hospitals, specialty care centers, and other providers within the local EMS system.

- 3) *NEMSIS and CEMSIS*. NEMSIS was formed in 2001 by the National Association of State EMS Directors, in conjunction with the National Highway Traffic Safety Administration and the Trauma/EMS Systems program of the Health Resources and Services Administration's Maternal Child Health Bureau, in order to develop a national EMS database. NEMSIS is the national repository that is used to store EMS data from every state in the nation, and was developed to help states collect more standardized elements to allow submission to the national database.

According to EMSA, CEMSIS is a demonstration project for improving EMS data analysis across California. CEMSIS offers a secure, centralized data system for collecting data about individual EMS requests, patients treated at hospitals, and EMS provider organizations. CEMSIS uses the NEMSIS standard for how patient care information resulting from a 911 call for emergency assistance is collected. EMSA states that 33 of California's 34 LEMSAs currently send a variety of local data collections to CEMSIS, and in return, these local agencies gain access to digital tools for running comprehensive reports on their own data at no cost. Only Los Angeles (LA) County EMS Agency is still in a testing phase, and EMSA states that it expects to start receiving LA County data through CEMSIS beginning on July 1<sup>st</sup> of this year. According to EMSA, it uses the data to develop and coordinate high quality emergency medical care in California through activities such as healthcare quality programs that monitor patient care outcomes, agency collaboration across jurisdictional boundaries, and public health surveillance.

- 4) *Background on ODMAP*. In 1988, Congress created the High Intensity Drug Trafficking Areas (HIDTA) program to provide assistance to federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. There are currently 33 HIDTAs, including four in California: Central Valley, Northern California, LA,

and San Diego/Imperial Valley. In January of 2017, the Washington/Baltimore HIDTA launched ODMAP as a response to the lack of a consistent methodology to track overdoses, which limited the ability to understand and mobilize against the crisis. According to the Washington/Baltimore HIDTA, ODMAP is an overdose mapping tool that allows first responders to log an overdose in real time into a centralized database in order to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike, in overdose events. ODMAP is only available to government agencies serving the interest of public safety and health, and each agency wishing to use the system must sign a participation agreement designed to protect the data within the system. The system currently serves more than 3,700 agencies with more than 28,000 users in all 50 states, and has logged 850,000 overdose events. According to the Washington/Baltimore HIDTA, there are seventeen states with statewide implementation strategies, including several with legislation requiring reporting to ODMAP.

- 5) *EMSA already sharing data with ODMAP.* In July of 2022, EMSA entered into a data sharing agreement with ODMAP, including developing an application programming interface (API) to allow data sharing from the CEMSIS reporting system. According to EMSA, the system allows near real-time data sharing: as soon as an EMS provider closes out a call and completes the electronic record, the data is submitted to CEMSIS and if the incident is coded as an overdose, that information is then shared with ODMAP (though without personally identifiable information such as name, exact birth date, and exact address). Generally speaking, the data sharing happens nearly instantaneously, however, there could be a delay of one to two days, depending on the region of California and internet connectivity. Once the LA County EMS Agency starts reporting via CEMSIS in July of this year, overdose data from all EMS providers will be shared with ODMAP if the incident record is correctly coded as an overdose or suspected overdose. According to EMSA, because the agreement with ODMAP is less than a year old, they are still working out some kinks. For instance, if an EMS provider does not enter the keywords associated with an overdose correctly, the API may not trigger the system to share the overdose information with ODMAP. EMSA states they are continuing to work with LEMSAs to improve the accuracy of the data shared with ODMAP to ensure the overdose reporting is as complete as possible.
- 6) *CDPH Overdose Dashboard.* As part of CDPH's Opioid Prevention Initiative, CDPH maintains the California Overdose Surveillance Dashboard (Dashboard). The Dashboard tracks deaths related to any opioid overdose, deaths related specifically to fentanyl, emergency department visits related to any opioid

overdose, and the number of prescriptions for opioids. The data for deaths comes from death certificate data from CDPH's Center for Health Statistics and Informatics, both preliminary quarterly data and the Comprehensive Master Death File that is filed annually. The data for emergency department visits and hospitalizations comes from annual hospital Emergency Care Data Record reports and hospital discharge data reports collected and maintained by the Department of Health Care Access and Information. However, due to the time lag of the source data for this information, the overdose data available on the Dashboard for both deaths and emergency department visits/hospitalizations is only finalized for 2021, with preliminary data available through the second quarter of 2022. According to the Dashboard, there were 7,175 deaths related to opioids, and 21,016 emergency department visits for opioid overdoses, for the year 2021. The preliminary data for the first two quarters of 2022 shows 3,214 deaths, and 10,354 emergency department visits.

### **Related/Prior Legislation**

AB 1129 (Burke, Chapter 377, Statutes of 2015) required an emergency medical care provider, when submitting data to a LEMSA, to use an electronic health record system that is compatible with specified standards, and that includes those data elements that are required by the LEMSA.

AB 503 (Rodriguez, Chapter 362, Statutes of 2015) authorized health facilities to release patient-identifiable medical information to an EMS provider and LEMSA when specific data elements are requested for the purpose of quality assessment and improvement.

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

According to the Senate Committee on Appropriations, unknown costs to counties to establish and implement the reporting requirements. Cost to counties for administration would be potentially reimbursable by the state, subject to a determination by the Commission on State Mandates.

**SUPPORT:** (Verified 5/19/23)

Chino Valley Chamber of Commerce  
County of Fresno  
Drug Induced Homicide  
Mothers Against Prescription Drug Abuse  
Parents & Addicts in Need

Riverside County Sherriff's Office  
Shasta Substance Use Coalition

**OPPOSITION:** (Verified 5/19/23)

None received

**ARGUMENTS IN SUPPORT:** The County of Fresno writes in support that there is currently a web of methods to report overdose incidents that has led to a lack of cohesion in information sharing. Fresno County states that ODMAP draws upon existing systems to auto-populate information in their reports, and has the added feature of being limited to only authorized personnel and scrubbing all personal identifiable information, removing privacy concerns. Chino Valley Chamber of Commerce states this bill will enroll all of California's emergency departments and agencies who are on the frontlines of the opioid epidemic into this free universal information sharing program. Parents and Addicts in Need (PAIN) makes similar arguments in support. The Shasta Substance Use Coalition states that for the most impact, it is important to know where and when overdoses are occurring as close to real-time as possible.

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5/20/23 12:37:50

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