Date of Hearing: July 11, 2023

ASSEMBLY COMMITTEE ON HEALTH
Jim Wood, Chair
SB 67 (Seyarto) – As Amended April 24, 2023

SENATE VOTE: 40-0

SUBJECT: Controlled substances: overdose reporting.

SUMMARY: Requires coroners and medical examiners to report actual or suspected overdoses to the Emergency Medical Services Agency (EMSA), which is then required to submit this data to the Overdose Detection Mapping Application Program (ODMAP). Specifically, **this bill**:

1) Requires a coroner or medical examiner who evaluates an individual who, in their opinion, died as the result of an overdose as a contributing factor, to report the incident to the ODMAP managed by the Washington/Baltimore High Intensity Drug Trafficking Area program.

2) Requires the coroner or medical examiner to make the report as soon as possible, but not later than 72 hours after examining the individual who died as the result of an overdose.

3) 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) Gives immunity to a person who in good faith makes a report to ODMAP from civil or criminal liability for making the report.

6) Defines "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 clinical suspicion for drug overdose, including respiratory depression, unconsciousness, or altered mental state, without other conditions to explain the clinical condition."

7) Specifies it is the intent of the Legislature that the overdose information gathered is to be used to make decisions regarding the allocation of public health and educational resources to communities adversely impacted by the use of drugs that lead to overdoses.

EXISTING LAW:

1) Requires the content of a death certificate to include, among other things, personal data of the decedent, date of death, place of death, disease or conditions leading directly to death and antecedent causes, accident and injury information, and information regarding pregnancy. [Health & Safety Code (HSC) § 102875]

2) Allows the medical and health section data and time of death to be filled out in certain circumstances by the physician or surgeon last in attendance or by a supervised licensed physician assistant, unless the coroner is required to certify the medical and health section data. [HSC § 102795]

3) Requires a physician and surgeon, physician assistant, funeral director, or other person to notify the coroner when they have knowledge that a death occurred, or if they have charge of a body in which death occurred under any of the following, among others:
   a) Without medical attendance;
   b) During continued absence of attending physician and surgeon;
   c) Where attending physician and surgeon, or physician assistant is unable to state cause of death; and,
   d) Reasonable suspicion to suspect death was caused by criminal act. [HSC § 102850]

4) Requires an attending physician's certificate to be completed within 15 hours of death, or, if a coroner examined the body, within three days after examination of the body. [HSC § 102800]

5) Requires each death to be registered with the local registrar of births and deaths in the district in which the death was found or officially pronounced. [HSC § 102775]

6) Requires a funeral director, or person acting in lieu of, to prepare the certificate, other than the medical and health section data, and register it with the local registrar. [HSC §§ 102780 and 102790]

7) Requires the local registrar of deaths to carefully examine each certificate before acceptance for registration, and if any incomplete or incorrect certificates are submitted, to require further information as needed to make the certificate consistent with established policies. [HSC § 102305]

8) Requires the California Department of Public Health (DPH) to establish an Internet-based electronic death registration system for the creation, storage, and transfer of death registration information. [HSC § 102778]

9) Requires the DPH to access data within the electronic death registration system to compile reports on veteran suicide that include information on age, sex, race, county of residence, and method of suicide. [HSC § 102791]

10) Requires DPH to track data on pregnancy-related deaths and publish such data at least once every three years, as specified. [HSC § 123630.4]

11) Requires coroners to determine the manner, circumstances and cause of death in the following circumstances, among others:
   a) Violent, sudden or unusual deaths;
   b) Known or suspected homicide, suicide or accidental poisoning;
   c) Drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or sudden infant death syndrome;
   d) Deaths known or suspected as due to contagious disease and constituting a public hazard;
   e) Deaths from occupational diseases or occupational hazards; and,

f) Deaths reported for inquiry by physicians and other persons having knowledge of the death. [Government (Gov) Code, § 27491]

12) Requires the coroner or medical examiner to sign the certificate of death if they perform a mandatory inquiry. [Gov. Code, § 27491(a)]

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

COMMENTS:

1) **PURPOSE OF THIS BILL**. 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 department 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. The author concludes that since ODMAP is limited to only authorized personnel and eliminates all personal identifiable information, it is an essential tool for first responders on the frontlines of the opioid epidemic to effectively track and address live patterns of overdoses

2) **BACKGROUND**. Current law 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. A county Board of Supervisors may 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.

   a) **High Intensity Drug Trafficking Areas (HIDTA)**. In 1988, Congress created the 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. In January 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. In California, EMSA, the lead state agency that oversees emergency and disaster medical services, has entered into a data sharing agreement with ODMAP.

   b) **ODMAP.** ODMAP is a free, web-based tool that provides near real-time suspected overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike in overdose events. For over five years, ODMAP has been available to government (state, local,

federal, or tribal) agencies serving the interests of public safety and health. Each agency wishing to participate signs a data-sharing agreement that is designed to protect the data within the system. Once signed, they can begin uploading data and have access to the National Map feature which allows users to view nationwide data and built-in analytical tools (i.e., filters, pre-built charts, and adding additional data layers). Additionally, once an agency is approved, they can set up county-level spike alerts.

Currently, there are almost 4,000 agencies in all 50 states, the District of Columbia, and Puerto Rico, who are utilizing the tool and, as of January 2022, more than 850,000 overdoses have been entered. Approximately 17 states have a state-wide ODMAP implementation strategy, which includes legislation in Florida, Maryland, and West Virginia that requires reporting to ODMAP.

c) **EMSA ODMAP**. In July 2022, EMSA entered into a data sharing agreement with ODMAP, including developing an application programming interface (API) to allow data sharing from the California Emergency Medical Services Information System (CEMSIS) reporting system. According to EMSA, the system allows near real-time data sharing. As soon as an emergency medical services (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 Los Angeles County EMSA starts reporting via CEMSIS in July of this year, overdose data from all Emergency Medical Services' 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 performance issues. 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 local EMSAs (LEMSAs) to improve the accuracy of the data shared with ODMAP to ensure the overdose reporting is as complete as possible.

d) **DPH Overdose Dashboard.** As part of DPH's Opioid Prevention Initiative, DPH maintains the California Overdose Surveillance Dashboard (Dashboard). The Dashboard tracks deaths related to any opioid overdose, deaths related specifically to fentanyl, emergency department (ED) visits related to any opioid overdose, and the number of prescriptions issued for opioids in California. The data for deaths comes from death certificate data from DPH's Center for Health Statistics and Informatics, both preliminary quarterly data and the Comprehensive Master Death File that is filed annually. The data for ED 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 ED 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 (84% involved fentanyl), and 21,016 ED 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 ED visits.

3) SUPPORT. The California Police Chiefs' Association (CPCA) states in a support position that continuing to collect accurate and timely data on overdose deaths is essential to creating solutions to the fentanyl national crisis. Reporting required through this bill will go to 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 whenever a sudden increase, or spike, in overdose events occurs. In conclusion, CPCA states ODMAP provides an important tool towards deploying safety resources at critical times.

Drug Induced Homicide Foundation (DIHF), a foundation made up of families who have lost loved ones to drug induced homicide, state in a support position that currently there is a web of methods to report overdose incidents that has led to a lack of cohesion in information sharing; as each department and agency, whether state, local, or federal uses their own program to track and report incidents of overdose. In 2017, the Federal Government created an application called ODMAP to tie together reporting into one cohesive system. In order to facilitate the cohesion and not add additional work on first-responders, ODMAP draws upon existing systems to auto-populate information in their reports. ODMAP also has the added features of being limited to authorized personnel and scrubs all personal identifiable information, removing privacy concerns. DIHF concludes that this bill will enroll all of California's EDs and agencies who are on the frontlines of the opioid epidemic into this free, universal information sharing program in order to effectively track and address live patterns of overdoses.

4) DOUBLE REFERRAL. This bill is double referred; it passed the Assembly Committee on Public Safety with a 8-0 vote on June 27, 2023.

5) RELATED LEGISLATION.

a) AB 1351 (Haney) would have required all coroners or medical examiners to submit quarterly reports to the DPH on deaths caused by, or involving, overdoses of any drugs. AB 1351 was held by the Assembly Appropriations Committee.

b) AB 1462 (Jim Patterson) requires DPH to access existing data within the electronic death registration system to compile a report on veteran drug overdose deaths in California and to report specified data. AB 1462 is pending a hearing in the Senate Committee on Military and Veterans Affairs.

c) SB 234 (Portantino) requires schools, college campuses, stadiums, concern venues, and amusement parts to, at all times, maintain unexpired doses of naloxone hydrochloride or any other opioid antagonist. Requires these entities to ensure that at least two employees are aware of the location of the naloxone or other opioid antagonist. SB 234 is pending a hearing in the Assembly Health Committee.

6) PREVIOUS LEGISLATION.

a) AB 1129 (Burke), Chapter 377, Statutes of 2015, requires 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.

b) AB 503 (Rodriguez), Chapter 362, Statutes of 2015, authorizes 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.

c) SB 1695 (Escutia), Chapter 678, Statutes of 2002, among other things, requires DPH to create a webpage on drug overdose trends in California, including death rates, in order to ascertain changes in the cause or rate of fatal and nonfatal drug overdoses.

REGISTERED SUPPORT / OPPOSITION:

Support

Arcadia Police Officers' Association
Burbank Police Officers' Association
California Coalition of School Safety Professionals
California Police Chiefs Association
California Reserve Peace Officers Association
Chino Valley Chamber of Commerce
Claremont Police Officers Association
Corona Police Officers Association
County of Fresno
Culver City Police Officers' Association
Deputy Sheriffs' Association of Monterey County
Drug Induced Homicide
Fullerton Police Officers' Association
Los Angeles School Police Officers Association
Murrieta Police Officers' Association
Newport Beach Police Association
Novato Police Officers Association
Pain Parents & Addicts in Need
Palos Verdes Police Officers Association
Placer County Deputy Sheriffs' Association
Pomona Police Officers' Association
Riverside County Sheriff's Office
Riverside Police Officers Association
Riverside Sheriffs' Association
Santa Ana Police Officers Association
Shasta Substance Use Coalition
Upland Police Officers Association

Opposition

None on file.

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