
THIRD READING

Bill No: AB 309
Author: Zbur (D), et al.
Introduced: 1/23/25
Vote: 21

SENATE HEALTH COMMITTEE: 8-1, 6/18/25

AYES: Menjivar, Durazo, Limón, Padilla, Richardson, Rubio, Weber Pierson,
Wiener

NOES: Grove

NO VOTE RECORDED: Valladares, Gonzalez

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 8-3, 7/14/25

AYES: Ashby, Archuleta, Arreguín, Grayson, Menjivar, Smallwood-Cuevas,
Umberg, Weber Pierson

NOES: Choi, Niello, Strickland

ASSEMBLY FLOOR: 54-15, 5/15/25 - See last page for vote

SUBJECT: Hypodermic needles and syringes

SOURCE: California Pharmacists Association
Drug Policy Alliance
Health Officers' Association of California
San Francisco AIDS Foundation

DIGEST: This bill deletes the January 1, 2026 sunset on existing law which permits physicians and pharmacists to furnish hypodermic needles and syringes without a prescription or a permit, for human use to a person 18 years or older and which permits a person 18 years or older, without a prescription or license, to obtain hypodermic needles and syringes solely for personal use from a physician or pharmacist.

ANALYSIS:

Existing law:

- 1) Permits physicians and pharmacists to furnish, without a prescription or a permit, hypodermic needles and syringes for human use to a person 18 years of age or older. Permits a person 18 years of age or older to obtain, without a prescription or license, hypodermic needles and syringes solely for personal use from a physician or pharmacist. [Business and Professions Code (BPC) §4145.5(b)]
- 2) Requires a pharmacy that furnishes nonprescription syringes to provide written information or verbal counseling to consumers at the time of furnishing or sale of nonprescription hypodermic needles or syringes on how to: a) access drug treatment; b) access testing and treatment for HIV and hepatitis C; and, c) safely dispose of sharps waste. [BPC §4145.5(f)]
- 3) Sunsets this statute on January 1, 2026. [BPC §4145.5(b) and (f)]

This bill deletes the January 1, 2026 sunset on existing law which permits physicians and pharmacists to furnish hypodermic needles and syringes without a prescription or a permit, for human use to a person 18 years or older; and, which permits a person 18 years or older, without a prescription or license, to obtain hypodermic needles and syringes solely for personal use from a physician or pharmacist.

Comments

According to the author of this bill:

This bill will support California's comprehensive strategy to prevent the spread of HIV and viral hepatitis by preserving existing laws that allow pharmacists to distribute sterile syringes and allow adults to possess syringes for personal use without a prescription. In doing so, this bill will reaffirm California's commitment to research-driven and effective HIV and hepatitis prevention. The sharing of used syringes remains the most common mode of transmission of hepatitis B and hepatitis C, and the second most common mode of HIV transmission. After twenty years, extensive research and data collection has repeatedly proven that increased access to sterile syringes significantly lowers rates of transmission and saves lives without increasing rates of drug use.

Background

Injection drug use (IDU) and infectious disease. According to the Centers for Disease Control and Prevention (CDC), a deadly consequence of the opioid crisis is increased incidence of blood-borne infections, including hepatitis B virus and hepatitis C, HIV, and bacteria that cause heart infections (endocarditis). The use of contaminated injection drug equipment is a primary transmission route for both HIV and hepatitis C. Increasing IDU has placed new populations, including young people, at risk. According to the CDC, since 2015, there have been multiple HIV outbreaks associated with injection drug use; 11% of all people with an HIV diagnosis in 2018 reported IDU. The average lifetime HIV-related medical cost for one person with HIV is \$510,000. More than 60% of cases have resulted in hospitalization, and 354 people have died. These outbreaks have resulted in illness and loss of life nationwide, as well as an estimated financial toll of at least \$367 million in hospital costs alone. Rates of invasive MRSA associated with IDU more than doubled from 2010 to 2018 in the sites monitored by the Emerging Infections Program. Nationwide, hospitalization due to IDU-related infections (not including viral hepatitis and HIV) — such as endocarditis, MRSA, and other bacterial and fungal infections — cost over \$700 million in 2012 alone. The CDC states that access to comprehensive prevention services is essential for all persons who inject drugs, and syringe services programs (SSPs) reduce syringe sharing and can help provide access to prevention and treatment services for HIV and other blood-borne diseases.

California data. According to the California Department of Public Health's (CDPH) Ending the Epidemics Statewide Strategic Plan for 2022-2026, the communities most impacted by HIV, hepatitis C, and/or sexually transmitted infections include: people of color (especially Blacks/African Americans, Latinx, & Indigenous people); young people (ages 15-29 years); gay and bisexual men, and other men who have sex with men; people who use drugs (including people who inject drugs); people experiencing homelessness; people who are incarcerated; people who exchange sex for drugs, housing, and/or other resources; and, migrant and immigrant communities. The data shows that Black/African Americans, Whites, and American Indian/Alaska Native, have disproportionate rates of hepatitis C in California, and 36% of youth aged 15 to 29 who tested positive for hepatitis C, in a 2021 statewide assessment conducted, reported having injected drugs. According to a study published in the journal *BMC Public Health* in 2021, newly reported hepatitis C virus infections in California increased 50% between 2014 and 2016 among people 15 to 29 years old. National estimates suggest this increase was due to the opioid epidemic and associated increases in IDU.

According to CDPH, from 2018 through 2022, both the annual number and rate of new HIV diagnoses remained relatively the same in California. The number of new diagnoses increased by 0.4% from 4,863 in 2018 to 4,882 in 2022, while the rate of new diagnoses per 100,000 population declined by 0.8%, from 12.3 to 12.2 during the same time period. Although new HIV diagnoses have declined overall, disparities persist among racial/ethnic groups, gender, age, and transmission categories. Transmission by male-to-male sexual contact (MMSC), including MMSC/IDU, makes up the majority of the HIV epidemic in California (60% of new HIV diagnoses and 70% of those living with HIV in 2022). Additionally, the lowest rates of viral suppression by transmission category are for IDU. Rates of viral suppression were especially low among Latinx and White IDU even though linkage to care is similar to the statewide average, which suggests that retention in care may be an issue. CDPH states that continued support of medication for opioid use disorder, syringe services, and other harm reduction programs are important in order to improve retention in care.

Nonprescription Syringe Sales (NPSS). According to the CDPH Office of AIDS, harm reduction programs help people who use drugs to protect themselves from injury and infections and provide essential safety net services. Recent increases in hepatitis C infections and the rise of fentanyl have made harm reduction efforts such as SSPs, NPSS, and naloxone distribution programs even more critical to protect public health. According to an April 2022 CDPH Fact Sheet, lack of access to new, sterile injection equipment is one of the primary risk factors that may lead to sharing of hypodermic needles and syringes. California pharmacists are a part of the state's strategy to prevent the spread of HIV, hepatitis C, and other infectious diseases.

History of California's NPSS program. SB 1159 (Vasconcellos, Chapter 608, Statutes of 2004) established a five-year pilot program (called the Disease Prevention Demonstration Project, DPDP) to allow California pharmacies, when authorized by a local government, to sell up to ten syringes to adults without a prescription. According to the CDPH Office of AIDS, 16 counties and four cities in California authorized a DPDP (counties: Alameda, Contra Costa, Humboldt, Los Angeles, Mendocino, Marin, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Yolo, and Yuba; cities: Long Beach, Los Angeles, Sacramento, and West Hollywood). By February 2010, over 650 pharmacies were registered to participate in the program.

According to an evaluation of DPDP published in July 2010 by CDPH, SB 1159 appeared to have the desired effect of augmenting access to sterile syringes to

prevent transmission of blood-borne viral infections among people who inject drugs without many of the negative consequences that some had feared. CDPH's evaluation suggests that counties authorizing DPDP possess lower syringe sharing levels among people who inject drugs than counties that have not authorized NPSS. Additionally, since implementation of SB 1159, fewer clients presenting for testing for HIV at state-funded testing sites report IDU, suggesting that DPDP did not have the negative impact of increased IDU, a concern expressed by some prior to authorization. CDPH's evaluation found that, following implementation of SB 1159, accidental needle-stick injury to law enforcement officers remained rare in California. Between 2005 and 2009, post-authorization of DPDPs, 19 accidental needle-stick injuries were reported among law enforcement in local health jurisdictions (LHJs) that had authorized DPDPs and 15 accidental needle-stick injuries were reported among law enforcement in LHJs that had not authorized DPDPs. The variation in recent years is not great enough to suggest a statistically significant relationship to the authorization of DPDP. CDPH's evaluation found no increase in unsafe discard of syringes since implementation of SB 1159. Finally, comparing time periods prior to and following DPDP, CDPH found no evidence of an increase in drug use or crime in the state of California as a whole or in areas that authorized sale of syringes without a prescription. The overall findings are consistent with those of other states that have transitioned, as California has, from a complete prohibition on sale and possession of syringes to allowing NPSS. The program was considered successful by the localities that implemented it, and the DPDP was suspended when statewide sales were authorized by SB 41 (Yee, Chapter 738, Statutes of 2011).

Related/Prior Legislation

AB 2077 (Ting, Chapter 274, Statutes of 2020) extended the sunset, until January 1, 2026, on the authorization for pharmacists to sell syringes without a prescription.

AB 1743 (Ting, Chapter 331, Statutes of 2014) deleted the limit on the number of syringes a pharmacist has the discretion to sell to an adult without a prescription and extended, until January 1, 2021, the authorization for pharmacists to sell syringes without a prescription.

SB 41 (Yee, Chapter 738, Statutes of 2011) permitted non-prescription syringe sales of a maximum of 30 hypodermic needles or syringes to a person without a prescription through licensed pharmacies throughout the state until January 1, 2015 and makes inoperative until that date, portions of the law establishing the DPDP.

AB 1701 (Chesbro, Chapter 667, Statutes of 2010) establishes, indefinitely, the DPDP, permitting cities or counties to authorize licensed pharmacists to sell or furnish ten or fewer hypodermic needles or syringes to a person for use without a prescription, as specified.

SB 1159 (Vasconcellos, Chapter 608, Statutes of 2004) established a five-year pilot program to allow California pharmacies, when authorized by a local government, to sell up to ten syringes to adults without a prescription.

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

Senate Rule 28.8

SUPPORT: (Verified 8/18/25)

California Pharmacists Association (co-source)

Drug Policy Alliance (co-source)

Health Officers' Association of California (co-source)

San Francisco AIDS Foundation (co-source)

AIDS Healthcare Foundation

All of Us or None

American Civil Liberties Union California Action

APLA Health

Being Alive/People with AIDS Coalition

Berkeley Needle Exchange Emergency Distribution

Beyond AIDS Foundation

Bienestar Human Services

Black Women for Wellness Action Project

California Academy of Preventive Medicine

California Access Coalition

California Association of Alcohol and Drug Program Executives

California Chapter of the American College of Emergency Physicians

California Community Foundation

California Medical Association

California Primary Care Association Advocates

California Youth Empowerment Network

Californians for Safety and Justice

Californians United for a Responsible Budget

Citizens for Choice

City and County of San Francisco

Community Clinic Association of Los Angeles
Community Health Project Los Angeles
County Health Executives Association of California
County of Los Angeles
County of Santa Clara
Courage California
Drug User Health Advisory Committee of Santa Clara County
Drug User Health Advisory Committee of South Alameda County
East Los Angeles Women's Center
Ella Baker Center for Human Rights
End Hep C SF
End the Epidemics
Equality California
Friends Committee on Legislation of California
GLIDE
Green Policy Initiative
Harm Reduction International Health Collective
HealthRight 360
Hope in the Valley
Initiate Justice
Justice2Jobs
LA Defensa
Larkin Street Youth Services
Legal Services for Prisoners with Children
LGBTQ+ Inclusivity, Visibility, and Empowerment
Liver Coalition of San Diego
Los Angeles LGBT Center
Mental Health America of California
National Health Law Program
Planned Parenthood Affiliates of California
Radiant Health Centers
Rubicon Programs
Sacramento LGBT Community Center
Sister Warriors Freedom Coalition
Smart Justice California
St. Luke's Family Practice
Steinberg Institute
The Gubbio Project
University of California
Vera Institute of Justice

Viet Voices

OPPOSITION: (Verified 8/18/25)

California Narcotic Officers' Association
El Dorado County District Attorney's Office
Orange County Sheriff's Department

ARGUMENTS IN SUPPORT: The Health Officers Association of California states that this bill is a critical component of California's comprehensive public health strategy to prevent the spread of HIV, hepatitis, and other diseases of public health concern, and will not result in new state costs. The bill maintains current practice and infrastructure, simply removing the sunset on a proven strategy already in effect. At the same time, it will generate long-term savings for the state by preventing the spread of HIV, hepatitis B, and hepatitis C—serious infections that can result in costly medical treatment, including liver transplants and lifelong care. Sterile syringe access is an evidence-based public health intervention that reduces disease transmission without increasing drug use or crime. Maintaining access through pharmacies ensures that Californians continue to benefit from this safe, cost-effective public health tool. Drug Policy Alliance writes that California has made significant progress in reducing the number of new HIV and hepatitis infections by adopting policies that improved access to sterile syringes, medications to treat HIV and viral hepatitis, and substance use disorder treatment. However, sharing contaminated syringes remains the most common cause of new hepatitis infections, and many HIV infections in California and the U.S. These diseases are costly to treat and potentially deadly. According to data from the CDC, published in the *Journal of Sexually Transmitted Diseases*, the lifetime HIV-related medical cost for persons with HIV in 2021 was estimated to be \$420,285 per person. If a hepatitis C infection is identified and treated early, the cost to cure ranges from an estimated \$11,500 to \$17,000. However, untreated, late-stage liver disease and organ transplant is extremely costly to treat -- from hundreds of thousands to millions of dollars per patient. These costs are largely borne by public insurers, such as Medi-Cal. Allowing pharmacists the discretion to sell syringes to adults costs the taxpayers nothing. The cost is borne by the consumer, who is protecting their health, the health of their sexual partners, other drug users, and the wider community. The San Francisco AIDS Foundation writes that pharmacists play a key role in public health by educating patients, particularly regarding the safe use of nonprescription syringes. With the removal of a statutory sunset, pharmacists will continue to provide education on drug treatment programs, HIV and hepatitis testing, and safe sharps disposal. These efforts help prevent infectious diseases, reduce harm from drug use, and promote treatment, while also

destigmatizing addiction. More than 200 studies from the U.S. and abroad have shown that improved syringe access reduces the rate of syringe sharing and disease transmission, without increasing rates of drug use, drug injection, crime, or the unsafe discard of syringes. To date, no study has found otherwise. Additionally, a five-year study supervised by CDPH found there was no evidence of an increase in drug use, crime or syringe litter associated with the nonprescription sale of syringes. The policy of allowing pharmacists the discretion to sell syringes without a prescription, along with health education, is endorsed by the American Medical Association, American Pharmacist Association, the National Alliance of State and Territorial AIDS Directors, as well as medical and public health associations in California. The California Pharmacists Association states that granting pharmacists the discretion to sell syringes without a prescription is a highly effective public health intervention that improves both individual and community health. By reducing syringe-sharing, this policy directly decreases the spread of infectious diseases among people who inject drugs and indirectly protects the broader population by lowering overall transmission rates. Additionally, it is not uncommon for patients receiving medications via mail-order pharmacies to be left without the necessary syringes for administering treatments such as insulin, progesterone, or hormone therapy. Ensuring that patients can obtain syringes without a prescription at a community pharmacy — along with proper guidance on injection techniques — is essential for their safety and adherence to prescribed treatments. This approach requires no additional state funding, making it a cost-effective strategy to curb the spread of preventable diseases. Investing in prevention through nonprescription syringe access ultimately reduces long-term healthcare expenditures and saves lives, reinforcing its role as a critical public health tool.

ARGUMENTS IN OPPOSITION: The California Narcotics Officers Association argues that these programs were originally put forth to combat rising HIV infections and to reduce the spread of the hepatitis C virus. However, now that modern medicine has been able to develop medications to combat these once-deadly diseases, they believe there is no longer a need to provide hypodermic needles to assist addicts in their illness. They also warn that this bill would have a number of negative consequences across California communities, including enabling continued drug use, costs to taxpayers, increased numbers of injection drug abusers, more needles in the community, and promoting crime near distribution sites. The El Dorado County District Attorney (DA) also opposes this bill, arguing that it is a “blank check for drug dealers,” and that it permanently green lights over-the-counter sales and possession of hypodermic needles. He also argues that this policy would not benefit the addicts – but that actually permissive

policies like this one appear to worsen—not alleviate—the opioid crisis. His other concern is that it shifts unfunded costs onto counties and cities, and erodes accountability in Sacramento – jeopardizing public safety and leaving local law-enforcement agencies to shoulder the burden. The El Dorado DA writes that this bill fails to put public safety first and endangers our communities. The Orange County Sheriff’s Department states that used needles being found in public settings because they have been improperly disposed of puts community residents at risk. In a recent proposal reviewed in Orange County, it was estimated that only 60% of the 300,000 needles distributed annually under a SSP would be collected. Instead of being properly disposed and collected, they would be found in public places like parks where children play – endangering communities. Additionally, the Orange County Sheriff’s Department state that with regard to the drug epidemic we currently face in California with fentanyl and xylazine, there is no wisdom in increasing access to needles, which can then be used by someone suffering from addiction to inject a lethal dose of fentanyl.

ASSEMBLY FLOOR: 54-15, 5/15/25

AYES: Addis, Aguiar-Curry, Ahrens, Alvarez, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Connolly, Elhawary, Flora, Fong, Gabriel, Garcia, Gipson, Mark González, Haney, Harabedian, Hart, Irwin, Jackson, Kalra, Krell, Lee, Lowenthal, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Pellerin, Ransom, Celeste Rodriguez, Rogers, Blanca Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Ward, Wicks, Wilson, Zbur, Rivas

NOES: Chen, Davies, DeMaio, Dixon, Ellis, Gallagher, Jeff Gonzalez, Hadwick, Hoover, Lackey, Macedo, Patterson, Sanchez, Tangipa, Wallis

NO VOTE RECORDED: Alanis, Arambula, Castillo, Petrie-Norris, Quirk-Silva, Ramos, Michelle Rodriguez, Stefani, Ta, Valencia

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