
SENATE COMMITTEE ON HEALTH

Senator Caroline Menjivar, Chair

BILL NO: SB 548
AUTHOR: Reyes
VERSION: March 24, 2025
HEARING DATE: April 30, 2025
CONSULTANT: Reyes Diaz

SUBJECT: California Overdose Death and Addiction Reduction Act of 2025

SUMMARY: Requires California Health and Human Services Agency (CalHHS), by January 1, 2028, to create a set of recommendations to support a five-year implementation plan for reducing alcohol- and drug-related addiction deaths by 50% by 2031, and to convene a state advisory group for the purposes of advising CalHHS on those recommendations. Requires CalHHS to provide the Governor and the Legislature a report of findings and recommendations related to the extent to which the 2031 goal was met and how the recommendations will continue to reduce overdose deaths and addiction.

Existing law:

- 1) Establishes CalHHS to oversee 11 departments, including Health Care Access and Information (HCAI), Health Care Services (DHCS), Public Health (CDPH), and a number of other entities, including the Emergency Medical Services Authority (EMSA). [GOV §12803]
- 2) Grants DHCS sole authority in state government over duties, powers, purposes, functions, responsibilities, and jurisdiction as they relate to substance use disorder (SUD) recovery and treatment services. [HSC §11751]
- 3) Requires DHCS to administer the Opioid Settlements Fund (OSF) and to oversee those activities funded by the OSF, including, but not be limited to, designating additional high-impact abatement activities, conducting related stakeholder engagement, monitoring the city, county, or political subdivision participating in the 2022 settlement agreements for compliance, and preparing periodic written reports. [GOV §12534(b), (c), and (h)]
- 4) Establishes the California Department of Public Health (CDPH) to be vested with all the duties, powers, purposes, functions, responsibilities, and jurisdiction as they relate to public health, including substance and addiction prevention through its Substance and Addiction Prevention Branch (SAPB). [HSC §131050]

This bill:

- 1) Requires CalHHS, by January 1, 2028, to create a set of recommendations to support a five-year implementation plan for reducing alcohol- and drug-related addiction deaths by 50% by 2031. Requires CalHHS to convene a state advisory group (SAG) for the purposes of advising CalHHS on those recommendations. Requires the recommendations to specify what can be accomplished by existing administrative authority and what requires additional regulations or legislation for implementation.
- 2) Requires the SAG to include, but not limit to, representatives from DHCS, Covered California, the California Public Employees' Retirement System (CalPERS), HCAI, CDPH, and EMSA. Requires the SAG also to include: representatives of consumer stakeholders that serve diverse populations; SUD treatment experts, researchers, and insurers; representatives

from clinics that provide primary care; primary care and SUD treatment providers; individuals with lived experiences in receiving SUD treatment; and, representatives from different diverse groups, including those with different racial, cultural, ethnic, sexual orientation, gender, economic, linguistic, age, disability, and geographical backgrounds, so that the findings and recommendations reflect the communities of California.

- 3) Requires CalHHS to evaluate the best available scientific, technological, medical, and socioeconomic information on overdose death and addiction to meet the 2031 goal.
- 4) Requires CalHHS to adopt the recommendations provided by the SAG to achieve the 2031 goal. Requires CalHHS to review and assess existing health coverage and insurance treatment policies, practices, and data related to reducing addiction and deaths related to alcohol and drug use, including the applicability and adequacy of existing rules related to parity in coverage for treatment for SUDs. Requires CalHHS to consider quality and performance measures to establish minimum standards for effective delivery of SUD services, including: access to low barrier models of care for SUDs; to pharmacies that can provide addiction medication; to primary care providers that can provide addiction medication and treatment; and, to providers that are trained to provide and support models of care- or evidence-based medication; as well as the interaction of comorbidities, such as mental illness or other behavioral health conditions, and other characteristics in determining where disparate outcomes exist, including, but not limited to, race, ethnicity, gender, sexual orientation, language, age, income, and disability.
- 5) Requires CalHHS, while implementing the goals, to consult and consider the expertise of representatives from other state agencies that regulate, collect data, or contract with health plans or health insurers, including DHCS, Covered California, CalPERS, HCAI, CDPH, and EMSA.
- 6) Requires CalHHS to provide the Governor and the Legislature a report of findings and recommendations related to the extent to which the 2031 goal was met and how effective the recommendations of the advisory group were. Requires the report to also include recommendations for beyond 2031 that will continue to reduce overdose deaths and addiction. Permits the report to include:
 - a) Quality measures, including, but not limited to, Healthcare Effectiveness Data and Information Set measures and the federal Centers for Medicare and Medicaid Services Child and Adult Core Set measures, the Quality Alignment Measure Set developed by the California Public Employees' Retirement System, as well as collaborative efforts with other state agencies that purchase or negotiate health insurance coverage;
 - b) Surveys or other measures to assess consumer experience and satisfaction;
 - c) New measures and metrics that determine health outcomes;
 - d) Measures of social determinants of health that may contribute to SUD treatment efficacy, such as housing security, food insecurity, caregiving, and other nonmedical determinants of health; and,
 - e) Other existing child and adult quality or outcome measures that the SAG determines are appropriate.
- 7) Require the report also to include the SAG recommendations and the information and expertise from the entities CalHHS is required to consult and consider while implementing the goals, listed in 5) above.

- 8) Makes Legislative findings and declarations about overdose deaths in the state due to fentanyl and other drugs and additional deaths due to excessive alcohol use, along statistics about resulting emergency department visits due to those substances; new treatments available to treat the underlying illnesses; the number of people in the state enrolled in commercial health plans and the Medi-Cal program, which include SUD treatment benefits; and Legislative intent to both meet the 2031 goal and to maintain and continue reductions in overdose death and addiction beyond 2031.

FISCAL EFFECT: This bill has not been analyzed by a fiscal committee.

COMMENTS:

- 1) *Author's statement.* According to the author, California's rise in substance use is devastating families and places a costly burden on our health care systems. In 2023, approximately 12,710 Californians died because of fentanyl and other overdose deaths—an increase of over 160% since 2017. California's overdose death toll increased by 4% in 2023, while the number of deaths nationally declined for the first time in five years. It is untenable that we continue with this trend, and we must adopt a comprehensive goal-oriented approach that prioritizes access to evidence-based, low-barrier treatment for all Californians. This bill proposes a state goal of reducing alcohol- and drug-related addiction deaths by 50% over the next five years. This bill tasks CalHHS and other state-level entities with developing a comprehensive set of policy recommendations to achieve this goal. To develop these recommendations, this bill convenes a SAG to consider quality and performance measures to establish minimum standards for effective delivery of SUD services. By tasking the leaders and experts of California to come together to find effective solutions, we can provide the vital support that fosters recovery and reduces the risk of overdose.
- 2) *Current state efforts.* CDPH and DHCS both administer programs for prevention and recovery or treatment services, as well as mandated activities outlined in the California State-Subdivision Agreement Regarding Distribution and Use of the OSF, including state opioid remediation, high-impact abatement activities, conducting related stakeholder engagement, monitoring the California participating subdivisions for compliance, and preparing periodic written reports. Some of the current programs include:
 - a) **CDPH:**

Overdose Prevention Initiative (OPI) works on the complex and changing nature of the drug overdose epidemic through prevention and research activities. OPI collects and shares data on fatal and non-fatal drug-related overdoses, drug-related overdose risk factors, prescriptions, and substance use. Through state and local partnerships, OPI supports substance use prevention programs, harm reduction tools and strategies, public awareness and education, and safe and effective prescribing and treatment practices.

Alcohol Harms Prevention Initiative (AHPI) raises awareness, conducts research, and provides harm reduction and education to reduce the adverse health effects of alcohol use on individuals, families, and communities. AHPI collaborates with partners and stakeholders to support statewide efforts to reduce the negative health and social harms of alcohol use on the lives of Californians.

Youth Cannabis Prevention Initiative (YCPI) is comprised of the California Cannabis Surveillance System (CCSS) and the Cannabis Education and Youth Prevention Program

(CEYPP). CCSS is a public health data collection and analysis system that tracks youth and adult cannabis use, social impacts, and health outcomes. CEYPP provides health education and prevention strategies to reduce the negative impacts and consequences of cannabis use through state and local partnerships, media, and social marketing campaigns.

Substance and Addiction Prevention Branch (CDPH-SAPB) provides fentanyl program grants to increase local efforts in education, testing, recovery, and support services to implement six one-time grants in the state to increase local efforts in education, testing, recovery, and support services. In 2023, CDPH-SAPB awarded six one-time grants allocated by region: two in Northern California, two in the Central Valley, and two in Southern California. The total funding period will span three years until February 2027.

b) DHCS:

DHCS Behavioral Health Stakeholder Advisory Committee (BH-SAC) is a broad-based body to disseminate information and receive coordinated input regarding DHCS behavioral health activities. It was created as part of the ongoing DHCS effort to integrate behavioral health with the rest of the health care system, and incorporates existing groups that have advised DHCS on behavioral health topics, including groups that advised the former Department of Alcohol and Drug Programs (prior to transferring to DHCS). Following the model of the Stakeholder Advisory Committee, the BH-SAC advises the DHCS Director on the behavioral health components of the Medi-Cal program as well as behavioral health policy issues more broadly. BH-SAC convenes a diverse and visible stakeholder advisory group of leaders and representatives from key behavioral health concerns, including counties, providers, and policy organizations.

To address the opioid epidemic throughout the state, DHCS has implemented the California DHCS Opioid Response (previously known as the California Medication Assisted Treatment (MAT) Expansion Project). The California DHCS Opioid Response aims to increase access to MAT, reduce unmet treatment need, and reduce opioid overdose related deaths through the provision of prevention, treatment, and recovery activities. The California DHCS Opioid Response focuses on populations with limited MAT access, including youth, people in rural areas, and American Indian & Alaska Native tribal communities. Funding includes State Opioid Response (SOR) III grant program, State General Funds, and the OSF. Some current projects include:

Behavioral Health Transformation will implement the ballot initiative known as Proposition 1. Behavioral Health Transformation complements and builds on California's other major behavioral health initiatives including, but not limited to, California Advancing and Innovating Medi-Cal (CalAIM) initiative; the California Behavioral Health Community-Based Organization Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration proposal; Children and Youth Behavioral Health Initiative (CYBHI); Medi-Cal Mobile Crisis; 988 expansion; and the Behavioral Health Continuum Infrastructure Program (BHCIP).

California Hub & Spoke System aims to increase access to MAT services throughout the state, particularly in counties with the highest overdose rates, modeled after the Vermont Hub and Spoke system, which successfully increased access to MAT in a rural state with little treatment infrastructure. The Hub & Spoke System has increased the availability of MAT for patients with opioid use disorder by increasing the total number of physicians,

physician assistants, and nurse practitioners prescribing buprenorphine. The Hub & Spoke System consists of narcotic treatment programs which are referred to as “Hubs” and serve as experts in treating opioid use disorder, as well as office-based treatment settings, which are referred to as “Spokes” and provide ongoing care and maintenance treatment.

CalRX Naloxone Access Initiative HCAI supported the development and procurement of a lower cost, generic version of a naloxone nasal product. In partnership with Amneal Pharmaceuticals, DHCS makes naloxone more accessible statewide. Through this investment, announced as part of Governor Newsom’s Master Plan for Tackling the Fentanyl and Opioid Crisis, the DHCS Naloxone Distribution Project will be able to distribute even more naloxone to communities in need and support California’s fight against the opioid epidemic. The partnership is providing naloxone nasal spray at a significantly lower price and already benefiting Californians. In May 2024, the state purchased approximately 24,000 units for DHCS’s Naloxone Distribution Project, leading to \$415,000 in savings.

Emergency Medical Services Buprenorphine Use Pilot Program will support Local EMS Agencies (LEMSAs) and Emergency Medical Service providers to provide treatment and access points for patients with an opioid use disorder. EMS agencies participating in this program will address SUD as a treatable emergency condition, utilizing paramedics to identify and treat patients who would benefit from MAT.

- 3) *Prior legislation.* SB 908 (Cortese Chapter 867, Statutes of 2024) requires CDPH, until January 1, 2029, to use best efforts to utilize all of its relevant data regarding current trends of fentanyl-related deaths of children up to five years of age. SB 908 requires CDPH to develop guidance and spread awareness of the trends to protect and prevent children from fentanyl exposure and on or before January 1, 2026, to annually distribute its findings and guidance to local health departments, county boards of supervisors, and the Legislature.

AB 1510 (Jones-Sawyer and Alanis of 2024) would have established the Fighting Fentanyl Bond Act (FFBA), in the sum of an unspecified amount, to be distributed to various state entities for the purpose of addressing the issues caused by the growing fentanyl and synthetic opioid overdose and death crisis. AB 1510 would have required the FFBA to be submitted to the voters at the November 5, 2024, statewide general election. *AB 1510 was held on the Senate Appropriations Committee Suspense File.*

AB 1859 (Alanis, Chapter 684, Statutes of 2024) requires coroners to report to CDPH and to the Overdose Detection Mapping Application Program whether an autopsy, if the coroner elects to perform one, revealed the presence of xylazine at the time of a person’s death.

AB 2871 (Maienschein, Chapter 639, Statutes of 2024) permits counties to establish an interagency overdose fatality review team to assist local agencies in identifying and reviewing overdose fatalities, facilitate communication, and integrate local prevention efforts.

SB 10 (Cortese, Chapter 856, Statutes of 2023) establishes Melanie’s Law, which requires school safety plans, including charter schools, serving students in grades seven to 12, to include a protocol for responding to a student’s opioid overdose; requires the California Department of Education to post informational materials on its website on opioid overdose

prevention; and encourages county offices of education to establish working groups on fentanyl education in schools.

SB 67 (Seyarto, Chapter 859, Statutes of 2023) 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.

AB 915 (Arambula and Ramos of 2023) would have required CDPH to develop an opioid overdose-training program and program toolkit to be made available to public high schools to identify and respond to an opioid overdose. AB 915 would have required CDPH to consider making its representatives available to provide the training onsite at public high schools upon request. AB 915 would have permitted high schools to voluntarily determine whether or not to host the program at their campuses, and would have required high schools that voluntarily determine to make naloxone hydrochloride or another opioid antagonist available on campus to make it available in specified locations that are easily accessible. *AB 915 was held on the Senate Appropriations Committee Suspense File.*

AB 1462 (Jim Patterson, Chapter 844, Statutes of 2023) requires CDPH to compile a report for the Legislature and the California Department of Veterans Affairs on veteran drug overdose deaths in the state.

AB 2365 (Patterson, Chapter 783, Statutes of 2022) requires CalHHS to establish a grant program to reduce fentanyl overdoses and use throughout the state by giving out six one-time grants to increase local efforts in education, testing, recovery, and support services.

- 4) *Support.* CA Bridge, as the sponsor, and other supporters of this bill cite that in 2023 approximately 12,710 Californians died because of fentanyl and other overdose deaths—an increase of over 160% since 2017. California’s overdose death toll increased by 4% in 2023, while the number of deaths nationally declined for the first time in five years. Excessive alcohol use resulted in an additional death toll of almost 20,000. Supporters further state that over 1.1 million individuals who visited a California emergency department in 2021 were diagnosed with a SUD. However, there is a disconnect between diagnosis of a SUD and getting treatment. Without adequate treatment options and proper policy guidance from the state, California will continue to see the number of addiction related deaths climb. Supporters further argue the unprecedented overdose crisis can only be effectively addressed through health-based solutions. Supportive services to prevent overdoses and drug treatment in the state are difficult to access for many who want and need it. The major drivers of this service gap are stigma, criminalization, lack of treatment capacity, cost-concerns, lack of information on how to access treatment, and voluntary treatment options that are culturally responsive. Supporters say a new comprehensive goal-oriented approach is needed, that prioritizes access to evidence-based, low-barrier treatment for all Californians. This proposes a state goal of reducing alcohol and drug related addiction deaths by 50% over the next five years.
- 5) *Technical amendments.* The date of January 1, 2028, by which CalHHS is required to create a set of recommendations and convene the SAG that would help develop them, should be amended to ensure that the SAG is in existence long enough to perform its duties. The bill may also be clarified by including a date when CalHHS is to provide the Governor and the Legislature a report of the findings and recommendations.

SUPPORT AND OPPOSITION:

Support: CA Bridge (sponsor)
California Hospital Association
Courage California
Drug Policy Alliance
Smart Justice California
Steinberg Institute

Oppose: None received

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