
SENATE COMMITTEE ON APPROPRIATIONS

Senator Anna Caballero, Chair
2025 - 2026 Regular Session

SB 548 (Reyes) - California Overdose Death and Addiction Reduction Act of 2025

Version: May 5, 2025

Urgency: No

Hearing Date: May 19, 2025

Policy Vote: HEALTH 11 - 0

Mandate: No

Consultant: Agnes Lee

Bill Summary: SB 548 would require the California Health and Human Services Agency (CHHS) to direct the Behavioral Health Task Force to create a set of recommendations to support an implementation plan for reducing alcohol- and drug-related addiction deaths by 50 percent, as specified.

Fiscal Impact:

- The CHHS estimates General Fund costs of \$3.5 million for staffing resources over the five-year period, and potential consultant contract costs of \$2 million, to complete the activities required in the bill.
- The CHHS indicates that the cost of implementing the recommendations is indeterminate at this time. Depending on the recommendations put forth by the task force, CHHS anticipates implementation costs to range from hundreds of millions to billions as several CHHS departments would be impacted.

Background:

Under the jurisdiction of the CHHS, several departments administer programs for the prevention, recovery and treatment of alcohol and drug related issues. Some of these programs include, but are not limited to:

Overdose Prevention Initiative (OPI). The California Department of Public Health administers the OPI, which 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.

Hub and Spoke System. Under the Department of Health Care Services (DHCS), the Hub and Spoke System aims to increase access to Medication Assisted Treatment (MAT) services throughout the state, particularly in counties with the highest overdose rates. 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 (a medication that reduces opioid cravings and withdrawal symptoms). The Hub & Spoke System consists of narcotic treatment programs which are referred to as “Hubs” licensed to dispense methadone and other medications for opioid use disorder. These Hubs are connected to other prescribers (known as Spokes), which primarily provide various formulations of

buprenorphine and ongoing opioid use disorder and substance use disorder care and treatment.

Drug Medi-Cal Program. The Drug Medi-Cal program covers substance use disorder services by certified providers under contract with the counties or with DHCS. The program provides substance use disorder treatment services to eligible Medi-Cal members by providing a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for these services. Services include early intervention, outpatient treatment, intensive outpatient treatment, partial hospitalization, residential treatment, inpatient services, recovery services, care coordination, and clinician consultation.

CalRx Naloxone Access Initiative. Under the CalRx Naloxone Access Initiative administered by the Department of Health Care Access and Information (HCAI), Californians can buy the over-the-counter (OTC) naloxone nasal spray at a more affordable cost. Eligible entities may be able to obtain a CalRx OTC naloxone nasal spray for free through the DHCS Naloxone Distribution Project. Naloxone can help to reduce opioid overdose deaths.

Proposed Law: Specific provisions of the bill would:

- Require, on or before January 1, 2028, the CHHS to direct the Behavioral Health Task Force, or any successor group established by the agency to advise on behavioral health issues, to create a set of recommendations to support an implementation plan for reducing alcohol- and drug-related addiction deaths by 50 percent on or before five years from the date the task force provides the recommendations to the agency, but no later than January 1, 2033.
- Require the CHHS to adopt the recommendations provided by the task force; require the CHHS, in adopting recommendations to achieve the 2033 goal, to review and assess existing health coverage and health 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 substance use disorder; and require CHHS to also consider quality and performance measures to establish minimum standards for effective delivery of substance use disorder services, as specified.
- Require, on or before July 1, 2033, the CHHS to provide the Governor and the Legislature a report of findings and recommendations related to the extent to which the 2033 goal was met and how effective the recommendations of the task force were.

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