

AMENDED IN ASSEMBLY APRIL 2, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 423

Introduced by Assembly Member Davies

February 5, 2025

An act to amend Section ~~11834.26~~ 11833.05 of the Health and Safety Code, relating to alcohol and drug programs.

LEGISLATIVE COUNSEL’S DIGEST

AB 423, as amended, Davies. ~~Alcohol and drug recovery or treatment facilities: discharge and continuing care planning. Alcoholism or drug abuse recovery or treatment programs and facilities: disclosures.~~

Existing law grants the sole authority in state government to the State Department of Health Care Services to certify alcohol or other drug programs and to license adult alcoholism or drug abuse recovery or treatment facilities. Existing law requires certified programs and licensed facilities to disclose to the department if any of its agents, partners, directors, officers, or owners own or have a financial interest in a recovery residence and whether it has contractual relationships with entities that provide recovery services to clients of certified programs or licensed facilities if the entity is not a part of a certified program or a licensed facility. Existing law defines “recovery residence” as a residential dwelling that provides primary housing for individuals who seek a cooperative living arrangement that supports personal recovery from a substance use disorder and that does not require licensure by the department or does not provide licensable services.

This bill would require a business-operated recovery residence to register its location with the department. The bill would define a

business-operated recovery residence as a recovery residence in which a business, in exchange for compensation, provides more than one service beyond those of a typical tenancy arrangement to more than one occupant, including, but not limited to, drug testing, supervision, scheduling, rule setting, rule enforcement, room assignment, entertainment, gym memberships, transportation, laundry, or meal preparation and coordination.

~~Existing law provides for the licensure and regulation of adult alcoholism or drug abuse recovery and treatment facilities by the State Department of Health Care Services. Existing law requires a licensee to provide recovery, treatment, or detoxification services. Existing law authorizes the department to adopt regulations requiring records and procedures that are appropriate for each of those services, including, among others, discharge and continuing care planning.~~

~~This bill would instead require the department to adopt regulations requiring discharge and continuing care planning that are appropriate for each of the aforementioned services. The bill would require the department to adopt regulations requiring a licensee to, among other things, develop a plan to help the patient return to their home community at the conclusion of treatment, as specified, and schedule for the patient a follow-up meeting with a mental health or substance use disorder professional to occur no more than 7 days after discharge.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 11833.05 of the Health and Safety Code
- 2 is amended to read:
- 3 11833.05. (a) A program certified by the department pursuant
- 4 to Chapter 7.1 (commencing with Section 11832) or a facility
- 5 licensed by the department pursuant to Chapter 7.5 (commencing
- 6 with Section 11834.01) shall disclose to the department if any of
- 7 its agents, partners, directors, officers, or owners, including a sole
- 8 proprietor and member, has either of the following:
- 9 (1) Ownership or control of, or financial interest in, a recovery
- 10 residence.
- 11 (2) Any contractual relationship with an entity that regularly
- 12 provides professional services or substance use disorder treatment
- 13 or recovery services to clients of programs certified or facilities

licensed by the department, if the entity is not part of the program certified or facility licensed by the department.

(b) All programs certified or facilities licensed by the department shall make the disclosures pursuant to subdivision (a) upon initial licensure or certification, upon renewal of licensure or certification, and upon a licensed facility or certified program acquiring or starting a relationship that meets the description in paragraph (1) or (2) of subdivision (a).

(c) The department may suspend or revoke the certification of a program or license of a facility for failing to disclose the information required in subdivision (a).

(d) The department shall take action pursuant to Section 11834.31 against an unlicensed facility that is disclosed as a recovery residence pursuant to paragraph (1) of subdivision (a). This subdivision does not require an investigation of a recovery residence that is not alleged to be operating in violation of Section 11834.30.

(e) The department may refer a substantiated complaint against a recovery residence to other enforcement entities as appropriate under state or federal law, including the Department of Insurance, the Department of Managed Health Care, the Attorney General, and the United States Attorney General.

(f) *A business-operated recovery residence shall register its location with the department.*

(f)

(g) For the purposes of this section, ~~“recovery both of the~~ following definitions apply:

(1) *“Business-operated recovery residence” means a recovery residence in which a business, in exchange for compensation, provides more than one service beyond those of a typical tenancy arrangement to more than one occupant, including, but not limited to, drug testing, supervision, scheduling, rule setting, rule enforcement, room assignment, entertainment, gym memberships, transportation, laundry, or meal preparation and coordination.*

(2) *“Recovery residence” means a residential dwelling that provides primary housing for individuals who seek a cooperative living arrangement that supports personal recovery from a substance use disorder and that does not require licensure by the department or does not provide licensable services, pursuant to Chapter 7.5 (commencing with Section 11834.01). A recovery*

1 residence may include, but is not limited to, residential dwellings
2 commonly referred to as “sober living homes,” “sober living
3 environments,” or “unlicensed alcohol and drug free residences.”

4 ~~SECTION 1. Section 11834.26 of the Health and Safety Code~~
5 ~~is amended to read:~~

6 ~~11834.26. (a) The licensee shall provide at least one of the~~
7 ~~following nonmedical services:~~

8 ~~(1) Recovery services.~~

9 ~~(2) Treatment services.~~

10 ~~(3) Detoxification services.~~

11 ~~(b) The department shall adopt regulations requiring records~~
12 ~~and procedures that are appropriate for each of the services~~
13 ~~specified in subdivision (a). The records and procedures may~~
14 ~~include all of the following:~~

15 ~~(1) Admission criteria.~~

16 ~~(2) Intake process.~~

17 ~~(3) Assessments.~~

18 ~~(4) Recovery, treatment, or detoxification planning.~~

19 ~~(5) Referral.~~

20 ~~(6) Documentation of provision of recovery, treatment, or~~
21 ~~detoxification services.~~

22 ~~(7) Indicators of recovery, treatment, or detoxification outcomes.~~

23 ~~(c) A licensee shall not deny admission to any individual based~~
24 ~~solely on the individual having a valid prescription from a licensed~~
25 ~~health care professional for a medication approved by the federal~~
26 ~~Food and Drug Administration for the purpose of narcotic~~
27 ~~replacement treatment or medication-assisted treatment of~~
28 ~~substance use disorders.~~

29 ~~(d) A licensee shall develop a plan to address when a resident~~
30 ~~relapses, including when a resident is on the licensed premises~~
31 ~~after consuming alcohol or using illegal drugs. The plan shall~~
32 ~~include details of how the treatment stay and treatment plan of the~~
33 ~~resident will be adjusted to address the relapse episode and how~~
34 ~~the resident will be treated and supervised while under the influence~~
35 ~~of alcohol or illegal drugs, as well as discharge and continuing~~
36 ~~care planning, including when a licensee determines that a resident~~
37 ~~requires services beyond the scope of the licensee. This subdivision~~
38 ~~does not require a licensee to discharge a resident.~~

39 ~~(e) The department shall have the authority to implement~~
40 ~~subdivisions (d) and (f) by bulletin or all-county or all-provider~~

1 letter, after stakeholder input, until regulations are promulgated.
2 The department shall promulgate regulations to implement
3 subdivisions (d) and (f) no later than July 1, 2024.

4 (f) (1) A licensee shall, at all times, maintain at least two
5 unexpired doses of naloxone hydrochloride, or any other opioid
6 antagonist that is approved by the United States Food and Drug
7 Administration for treatment of an opioid overdose, on the premises
8 and shall, at all times, have at least one staff member on the
9 premises who knows the specific location of the naloxone
10 hydrochloride, or other opioid antagonist that is approved by the
11 United States Food and Drug Administration for treatment of an
12 opioid overdose, and who has been trained on the administration
13 of naloxone hydrochloride, or the other opioid antagonist that is
14 approved by the United States Food and Drug Administration for
15 treatment of an opioid overdose, in accordance with the training
16 requirements set forth by the department. Proof of completion of
17 training on the administration of naloxone hydrochloride, or other
18 opioid antagonist that is approved by the United States Food and
19 Drug Administration for treatment of an opioid overdose, shall be
20 documented in the staff member's individual personnel file.

21 (2) A trained staff member shall not be liable for damages in a
22 civil action or subject to criminal prosecution for the
23 administration, in good faith, of naloxone hydrochloride, or any
24 other opioid antagonist that is approved by the United States Food
25 and Drug Administration for treatment of an opioid overdose, to
26 a person appearing to experience an opioid-related overdose. This
27 paragraph shall not apply in a case where the person who renders
28 emergency care treatment by the use of naloxone hydrochloride,
29 or any other opioid antagonist that is approved by the United States
30 Food and Drug Administration for treatment of an opioid overdose,
31 acts with gross negligence or engages in willful and wanton
32 misconduct.

33 (g) In the development of regulations implementing this section,
34 the written record requirements shall be modified or adapted for
35 social model programs.

36 (h) The department shall adopt regulations requiring discharge
37 and continuing care planning that are appropriate for each of the
38 services specified in subdivision (a). The regulations shall require,
39 at a minimum, a licensee to do all of the following:

- 1 ~~(1) Develop a plan to help the patient return to their home~~
2 ~~community at the conclusion of treatment, whether the home~~
3 ~~community is in this state or out of state.~~
- 4 ~~(2) Share information on the patient's progress with the~~
5 ~~administration and providers of the follow-up facility if the patient~~
6 ~~is transferring to another treatment facility.~~
- 7 ~~(3) Ensure that the facility that the patient is being transferred~~
8 ~~to also provides medication-assisted treatment if a patient is using~~
9 ~~medication-assisted treatment.~~
- 10 ~~(4) Ensure that the patient's emergency contact has been made~~
11 ~~aware of all travel arrangements if the patient is not transferring~~
12 ~~to another facility.~~
- 13 ~~(5) Ensure that a patient's medications have easy-to-understand~~
14 ~~written information and instructions on dosages to take, if~~
15 ~~necessary, and include information about prior medications the~~
16 ~~patient has been prescribed and why that treatment course was~~
17 ~~discontinued.~~
- 18 ~~(6) Schedule for the patient a follow-up meeting with a mental~~
19 ~~health or substance use disorder professional to occur no more~~
20 ~~than seven days after discharge.~~