AMENDED IN ASSEMBLY APRIL 24, 2025

AMENDED IN ASSEMBLY APRIL 10, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL No. 1037

Introduced by Assembly Member Elhawary

February 20, 2025

An act to amend Section 1714.22 of the Civil Code, and to amend Sections 1797.197, 11372.7, 11834.01, 11834.026, 11834.26, 11999, and 11999.1 of, to amend the heading of Division 10.5 (commencing with Section 11750) of, and to repeal and add Section 11999.2 of, and to repeal and add the heading of Division 10.7 (commencing with Section 11999) of, the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1037, as amended, Elhawary. Public health: substance use disorder.

(1) Under existing law, a licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the distribution of an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose. *Existing law exempts a health care provider who acts with reasonable care in issuing a prescription or order for an opioid antagonist from professional review, civil action, or criminal prosecution, under certain circumstances.* Existing law requires that a person who receives an opioid antagonist pursuant to a standing order or otherwise possesses an opioid antagonist receive training, as specified. Existing law provides that a person who is trained in the use of an opioid antagonist and acts

with reasonable care and in good faith is not subject to professional review, liable in a civil action, or subject to criminal prosecution.

This bill would expand the above-described authorizations to those who are at risk of or *any person* who may be in a position to assist a person experiencing any overdose and would strike the requirement that those who receive and possess opioid antagonists receive training. The bill would authorize a person in a position to assist a person at risk of an overdose to possess an opioid antagonist and subsequently dispense or distribute an opioid antagonist to a person at risk of an overdose or another person in a position to assist a person at risk of an overdose. The bill would instead exempt a person who administers an opioid antagonist ~~with reasonable care and~~ in good faith, whether or not they were trained, from ~~professional review, liability in a civil action, or criminal prosecution.~~ *liability for civil damages, as specified, and would instead exempt a health care provider who acts with reasonable care from liability in a civil action for any injuries or damages relating to or resulting from the acts or omissions of any person who administers the opioid antagonist in good faith, as specified.*

(2) Existing law imposes a drug program fee for each separate controlled substance offense, as specified, to be deposited by the county treasurer in a drug program fund. Existing law requires that a portion of the fund be allocated to primary prevention programs in the community.

This bill would state that primary prevention programs may include those activities aligned with evidence-based best practices, as specified.

(3) Existing law requires the State Department of Health Care Services to license and regulate facilities that provide residential nonmedical services to adults who are recovering from problems related to alcohol, drug, or alcohol and drug misuse or abuse, and who need alcohol, drug, or alcohol and drug recovery treatment or detoxification services. Existing law authorizes a licensed alcohol or other drug recovery or treatment facility to permit incidental medical services, as defined, to be provided to a resident at the facility premises by a licensed physician and surgeon or other health care practitioner under specified limited circumstances, including that the resident has signed an admission agreement. Existing law requires a licensee to develop a plan to address when a resident relapses, including when a resident is on the licensed premises after consuming alcohol or using illicit drugs.

This bill would require the department, on or before January 1, 2027, to offer a combined application for entities seeking licensure as an

alcohol or other drug recovery or treatment facility and to provide incidental medical services, as defined. The bill would prohibit the department from requiring an admission agreement to require a person to be abstinent and not intoxicated in order to be admitted to care or continue treatment. The bill would require a licensee to prioritize the individual maintaining some level of connection to treatment, following a relapse.

(4) Existing law defines "drug- or alcohol-related program" as any program designed to reduce the unlawful use of, or assist those who engage in the unlawful use of, drugs or alcohol, through various means, such as intervention, treatment, and enforcement, among others. Existing law prohibits the encumbrance of state funds for a drug- or alcohol-related program unless it contains a component that explains that there is no unlawful use of drugs or alcohol and requires all aspects of a drug- or alcohol-related program receiving state funds to be consistent with the "no lawful use" message.

This bill would redefine that term to mean any program designed to assist persons with substance use disorders and would strike enforcement from the specified means. The bill would repeal the above-described provisions related to the "no lawful use" message and would instead require that a drug- or alcohol-related program be consistent with evidence-based best clinical practices in order to receive state funds.

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

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

SECTION 1. Section 1714.22 of the Civil Code is amended to read:

1714.22. (a) For purposes of this section, the following definitions apply:

(1) "Opioid antagonist" means naloxone hydrochloride or any other opioid antagonist that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose.

(2) "Opioid overdose prevention and treatment training program" means any program operated by a local health jurisdiction or that is registered by a local health jurisdiction to train individuals to prevent, recognize, and respond to an opiate overdose, and that provides, at a minimum, training in all of the following:

(A) The causes of an opiate overdose.
(B) Basic life support.
(C) How to contact appropriate emergency medical services.
(D) How to administer an opioid antagonist.

(b) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may, if acting with reasonable care, prescribe and subsequently dispense or distribute an opioid antagonist to a person at risk of an overdose or to a family member, friend, or other person in a position to assist a person at risk of an overdose.

(c) (1) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the distribution of an opioid antagonist to a person at risk of an overdose or to a family member, friend, or other person in a position to assist a person at risk of an overdose.

(2) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the administration of an opioid antagonist to a person at risk of an overdose by a family member, friend, or other person in a position to assist a person experiencing or reasonably suspected of experiencing an overdose.

(3) A person who is at risk of an ~~overdose, a family member, friend, or other~~ *overdose or any* person in a position to assist a person at risk of an overdose may possess an opioid antagonist and subsequently dispense or distribute an opioid antagonist to a person at risk of an overdose or to ~~a family member, friend, or~~ *any* other person in a position to assist a person at risk of an overdose.

(d) A licensed health care provider ~~or a person who is at risk of an overdose, or a family member, friend, or other person in a position to assist a person at risk of an overdose~~ who acts with reasonable care shall not be subject to professional ~~review, be liable in a civil action, or be~~ *review or* subject to criminal prosecution for issuing a prescription or order or for ~~possession~~ *possessing, administering,* or distributing an opioid antagonist pursuant to subdivision (b) or ~~(c).~~ *(c), or for liability in a civil action for any injuries or damages relating to or resulting from the acts or omissions of any person who administers the opioid antagonist in good faith and not for compensation pursuant to this section.*

(e) *(1)* Notwithstanding any other law, a person who possesses or distributes an opioid antagonist *for the purposes specified in subdivision (b) or (c)* shall not be subject to professional ~~review, be liable in a civil action,~~ *review* or be subject to criminal prosecution for~~ this~~ *their* possession or distribution. ~~Notwithstanding any other law, a person not otherwise licensed to administer an opioid antagonist who acts with reasonable care in administering an~~

(2) Consistent with Section 1799.102 of the Health and Safety Code, any person who administers an opioid antagonist, in good faith and not for compensation, to a person who is experiencing or is suspected of experiencing an overdose ~~shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration.~~ *is not liable for civil damages resulting from any act or omission relating to such administration, other than an act or omission constituting gross negligence or willful or wanton misconduct.*

SEC. 2. Section 1797.197 of the Health and Safety Code is amended to read:

1797.197. (a) The authority shall establish training and standards for all prehospital emergency medical care personnel, as defined in paragraph (2) of subdivision (a) of Section 1797.189, regarding the characteristics and method of assessment and treatment of anaphylactic reactions and the use of epinephrine. The authority shall promulgate regulations regarding these matters for use by all prehospital emergency medical care personnel.

(b) (1) The authority shall develop and, after approval by the commission pursuant to Section 1799.50, adopt training and standards for all prehospital emergency medical care personnel, as defined in paragraph (2) of subdivision (a) of Section 1797.189, regarding the use and administration of naloxone hydrochloride and other opioid antagonists. The authority shall promulgate regulations regarding these matters for use by all prehospital emergency medical care personnel. The authority may adopt existing training and standards for prehospital emergency medical care personnel regarding the statewide use and administration of naloxone hydrochloride or another opioid antagonist to satisfy the requirements of this section.

(2) The medical director of a local EMS agency may, pursuant to Section 1797.221, approve or conduct a trial study of the use

and administration of naloxone hydrochloride or other opioid antagonists by any level of prehospital emergency medical care personnel. Training received by prehospital emergency medical care personnel specific to the use and administration of naloxone hydrochloride or another opioid antagonist during this trial study may be used towards satisfying the training requirements established pursuant to paragraph (1) regarding the use and administration of naloxone hydrochloride and other opioid antagonists by prehospital emergency medical care personnel.

SEC. 3. Section 11372.7 of the Health and Safety Code is amended to read:

11372.7. (a) Except as otherwise provided in subdivision (b) or (e), each person who is convicted of a violation of this chapter shall pay a drug program fee in an amount not to exceed one hundred fifty dollars ($150) for each separate offense. The court shall increase the total fine, if necessary, to include this increment, which shall be in addition to any other penalty prescribed by law.

(b) The court shall determine whether or not the person who is convicted of a violation of this chapter has the ability to pay a drug program fee. If the court determines that the person has the ability to pay, the court may set the amount to be paid and order the person to pay that sum to the county in a manner that the court believes is reasonable and compatible with the person's financial ability. In its determination of whether a person has the ability to pay, the court shall take into account the amount of any fine imposed upon that person and any amount that person has been ordered to pay in restitution. If the court determines that the person does not have the ability to pay a drug program fee, the person shall not be required to pay a drug program fee.

(c) The county treasurer shall maintain a drug program fund. For every drug program fee assessed and collected pursuant to subdivisions (a) and (b), an amount equal to this assessment shall be deposited into the fund for every conviction pursuant to this chapter, in addition to fines, forfeitures, and other moneys that are transmitted by the courts to the county treasurer pursuant to Sections 11372.5 and 11502. These deposits shall be made prior to any transfer pursuant to Section 11502. Amounts deposited in the drug program fund shall be allocated by the administrator of the county's drug program to drug abuse programs in the schools

and the community, subject to the approval of the board of supervisors, as follows:

(1) The moneys in the fund shall be allocated through the planning process established pursuant to Sections 11983, 11983.1, 11983.2, and 11983.3.

(2) A minimum of 33 percent of the fund shall be allocated to primary prevention programs in the schools and the community. Primary prevention programs developed and implemented under this article shall emphasize cooperation in planning and program implementation among schools and community drug abuse agencies, and shall demonstrate coordination through an interagency agreement among county offices of education, school districts, and the county drug program administrator. These primary prevention programs may include:

(A) School- and classroom-oriented programs, including, but not limited to, programs designed to encourage sound decisionmaking, an awareness of values, an awareness of drugs and their effects, enhanced self-esteem, social and practical skills that will assist students toward maturity, enhanced or improved school climate and relationships among all school personnel and students, and furtherance of cooperative efforts of school- and community-based personnel.

(B) School- or community-based nonclassroom alternative programs, or both, including, but not limited to, positive peer group programs, programs involving youth and adults in constructive activities designed as alternatives to drug use, and programs for special target groups, such as women, ethnic minorities, and other high-risk, high-need populations.

(C) Family-oriented programs, including, but not limited to, programs aimed at improving family relationships and involving parents constructively in the education and nurturing of their children, as well as in specific activities aimed at preventing substance use disorders.

(D) Primary prevention activities aligned with evidence-based best practices or identified in the Substance Use Prevention, Treatment, and Recovery Services Block Grant, authorized by Section 1921 of Subparts II and III of Part B of Title XIX of the Public Health Service Act.

(d) Moneys deposited into a county drug program fund pursuant to this section shall supplement, and shall not supplant, any local

funds made available to support the county's drug abuse prevention and treatment efforts.

(e) This section shall not apply to any person convicted of a violation of subdivision (b) of Section 11357 of the Health and Safety Code.

SEC. 4. The heading of Division 10.5 (commencing with Section 11750) of the Health and Safety Code is amended to read:

DIVISION 10.5. ALCOHOL AND OTHER DRUG PROGRAMS

SEC. 5. Section 11834.01 of the Health and Safety Code is amended to read:

11834.01. The department has the sole authority in state government to license adult alcohol or other drug recovery or treatment facilities.

(a) In administering this chapter, the department shall issue new licenses for a period of two years to those programs that meet the criteria for licensure set forth in Section 11834.03.

(b) Onsite program visits for compliance shall be conducted at least once during the license period.

(c) The department may conduct announced or unannounced site visits to facilities licensed pursuant to this chapter for the purpose of reviewing for compliance with all applicable statutes and regulations.

(d) The department shall, on or before January 1, 2027, offer a combined application for entities seeking licensure as an alcohol or other drug recovery or treatment facility to simultaneously apply to provide incidental medical services as defined in Section 11834.026.

(e) An additional fee shall not be charged for the combined application described in subdivision (d) in excess of the charges established in accordance with Sections 11833.02 and 11834.03.

(f) The department shall post on its internet website a timeline with the relative dates of key milestones in the permit application review process and the average processing times for the department of each stage of key milestones in the permit application review process. The department shall note on its internet website that these times are estimates and shall update the times as necessary.

(g) The department shall provide written notices of estimated dates of key milestones in the permit application review process to the applicant and the local continuum of care.

(h) Key milestones in the permit application review process shall include, but not be limited to, all of the following:

(1) Initial indication of whether the application is complete or incomplete within 45 working days of receipt of the application.

(A) If the application is incomplete, the department shall specify the information or documentation that is missing in a notice to the applicant within 45 working days of receipt of the application.

(B) The applicant shall have 60 working days from the date of the notification to provide the missing information or documentation.

(2) Indication of whether the application for certification to provide incidental medical services is complete or incomplete within 45 working days of receipt of the application.

(A) If the application for certification to provide incidental medical services is incomplete, the department shall specify the information or documentation that is missing in a notice to the applicant within 45 working days of receipt of the application.

(B) The applicant shall have 60 working days from the date of the notification to provide the missing information or documentation.

(3) Issuance of a certification to provide incidental medical services or a written notification of denial of certification within 120 working days of determining that the application is complete.

(4) Issuance of a license by certified mail or a written notification of denial of licensure within 120 working days of determining that the application is complete.

(i) On or before June 1, 2027, the department shall post on its internet website the average processing times, as described in subdivision (f), for each application under review by the department.

(j) Any necessary rules and regulations for the purpose of implementing this section may be adopted as emergency regulations in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). The adoption of emergency regulations pursuant to this section shall be deemed to

be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare.

SEC. 6. Section 11834.026 of the Health and Safety Code is amended to read:

11834.026. (a) As used in this section, "incidental medical services" means services that are in compliance with the community standard of practice and are not required to be performed in a licensed clinic or licensed health facility, as defined by Section 1200 or 1250, respectively, to address medical issues associated with either detoxification from alcohol or other drugs or the provision of alcohol or other drug recovery or treatment services, including all of the following categories of services that the department shall further define by regulation:

(1) Obtaining medical histories.

(2) Monitoring health status to determine whether the health status warrants transfer of the patient in order to receive urgent or emergent care.

(3) Testing associated with detoxification from alcohol or other drugs.

(4) Providing alcohol or other drug recovery or treatment services.

(5) Overseeing patient self-administered medications.

(6) Treating substance use disorders, including detoxification.

(b) Incidental medical services do not include the provision of general primary medical care.

(c) Notwithstanding any other law, a licensed alcohol or other drug recovery or treatment facility may permit incidental medical services to be provided to a resident at the facility premises by, or under the supervision of, one or more physicians and surgeons licensed by the Medical Board of California or the Osteopathic Medical Board who are knowledgeable about addiction medicine, or one or more other health care practitioners acting within the scope of practice of their license and under the direction of a physician and surgeon, and who are also knowledgeable about addiction medicine, if all of the following conditions are met:

(1) The facility, in the judgment of the department, has the ability to comply with the requirements of this chapter and all other applicable laws and regulations to meet the needs of a resident receiving incidental medical services pursuant to this chapter. The department shall specify in regulations the minimum requirements

that a facility shall meet in order to be approved to permit the provision of incidental medical services on its premises. The license of a facility approved to permit the provision of incidental medical services shall reflect that those services are permitted at the facility premises.

(2) The physician and surgeon and any other health care practitioner has signed an acknowledgment on a form provided by the department that they have been advised of and understand the statutory and regulatory limitations on the services that may legally be provided at a licensed alcohol or other drug recovery or treatment facility and the statutory and regulatory requirements and limitations for the physician and surgeon or other health care practitioner and for the facility, related to providing incidental medical services. The licensee shall maintain a copy of the signed form at the facility for a physician and surgeon or other health care practitioner providing incidental medical services at the facility premises.

(3) A physician and surgeon or other health care practitioner shall assess a resident, prior to that resident receiving incidental medical services, to determine whether it is medically appropriate for that resident to receive these services at the premises of the licensed facility. A copy of the form provided by the department shall be signed by the physician and surgeon and maintained in the resident's file at the facility.

(4) The resident has signed an admission agreement.

(A) The admission agreement, at a minimum, shall describe the incidental medical services that the facility may permit to be provided and shall state that the permitted incidental medical services will be provided by, or under the supervision of, a physician and surgeon.

(B) The department shall not require an admission agreement to require a person to have been abstinent, to not be intoxicated, or to otherwise not be under the influence in order to be admitted into care, be considered for treatment, or continue treatment.

(C) The department shall specify in regulations, at a minimum, the content and manner of providing the admission agreement, and any other information that the department deems appropriate. The facility shall maintain a copy of the signed admission agreement in the resident's file.

(5) Once incidental medical services are initiated for a resident, the physician and surgeon and facility shall monitor the resident to ensure that the resident remains appropriate to receive those services. If the physician and surgeon determines that a change in the resident's medical condition requires other medical services or that a higher level of care is required, the facility shall immediately arrange for the other medical services or higher level of care, as appropriate.

(6) The facility maintains in its files a copy of the relevant professional license or other written evidence of licensure to practice medicine or perform medical services in the state for the physician and surgeon and any other health care practitioner providing incidental medical services at the facility.

(d) The department is not required to evaluate or have any responsibility or liability with respect to evaluating the incidental medical services provided by a physician and surgeon or other health care practitioner at a licensed facility. This section does not limit the department's ability to report suspected misconduct by a physician and surgeon or other health care practitioner to the appropriate licensing entity or to law enforcement.

(e) A facility licensed and approved by the department to allow provision of incidental medical services shall not by offering approved incidental medical services be deemed a clinic or health facility within the meaning of Section 1200 or 1250, respectively.

(f) Other than incidental medical services permitted to be provided or any urgent or emergent care required in the case of a life-threatening emergency, including the administration of naloxone hydrochloride, or any other opioid antagonist that is approved by the United States Food and Drug Administration for treatment of an opioid overdose, this section does not authorize the provision at the premises of the facility of any medical or health care services or any other services that require a higher level of care than the care that may be provided within a licensed alcohol or other drug recovery or treatment facility.

(g) This section does not require a residential treatment facility licensed by the department to provide incidental medical services or any services not otherwise permitted by law.

(h) (1) On or before July 1, 2024, the department shall adopt regulations to implement this section in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with

Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(2) Notwithstanding the rulemaking provisions of the Administrative Procedure Act, the department may, if it deems appropriate, implement, interpret, or make specific this section by means of provider bulletins, written guidelines, or similar instructions from the department until regulations are adopted.

SEC. 7. Section 11834.26 of the Health and Safety Code is amended to read:

11834.26. (a) The licensee shall provide at least one of the following alcohol- or other drug-related nonmedical services:

(1) Recovery services.

(2) Treatment services.

(3) Detoxification services.

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

(1) Admission criteria.

(2) Intake process.

(3) Assessments.

(4) Recovery, treatment, or detoxification planning.

(5) Referral.

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

(7) Discharge and continuing care planning.

(8) Indicators of recovery, treatment, or detoxification outcomes.

(c) (1) A licensee shall not deny admission to any individual based solely on the individual having a valid prescription from a licensed health care professional for a medication approved by the federal Food and Drug Administration for the purpose of narcotic replacement treatment or medication-assisted treatment of substance use disorders.

(2) The department shall not require a licensee to prohibit the admission of an individual for having consumed, used, or otherwise been under the influence of alcohol or other drugs, as these circumstances represent symptoms of the condition of substance use disorders.

(d) A licensee shall develop a plan to address when a resident relapses, including when a resident is on the licensed premises after using alcohol or other drugs.

(1) The plan shall include details of how the treatment stay and treatment plan of the resident will be adjusted to address the relapse episode and how the resident will be treated and supervised while under the influence of alcohol or other drugs, as well as discharge and continuing care planning, including when a licensee determines that a resident requires services beyond the scope of the licensee.

(2) This subdivision does not require a licensee to discharge a resident, as relapse, lapses, and momentary reengagement with alcohol or other drugs are symptoms of the condition of substance use disorders.

(3) In developing a plan pursuant to this subdivision, the licensee shall prioritize the individual maintaining some level of connection to treatment and shall consider options to avoid complete disconnection of the resident from treatment.

(e) The department shall have the authority to implement subdivisions (d) and (f) by bulletin or all-county or all-provider letter, after stakeholder input, until regulations are promulgated. The department shall promulgate regulations to implement subdivisions (d) and (f) no later than July 1, 2027.

(f) (1) A licensee shall, at all times, maintain at least two unexpired doses of naloxone hydrochloride, or any other opioid antagonist that is approved by the United States Food and Drug Administration for treatment of an opioid overdose, on the premises and shall, at all times, have at least one staff member on the premises who knows the specific location of the naloxone hydrochloride, or other opioid antagonist that is approved by the United States Food and Drug Administration for treatment of an opioid overdose, and who has been trained on the administration of naloxone hydrochloride, or the other opioid antagonist that is approved by the United States Food and Drug Administration for treatment of an opioid overdose, in accordance with the training requirements set forth by the department. Proof of completion of training on the administration of naloxone hydrochloride, or other opioid antagonist that is approved by the United States Food and Drug Administration for treatment of an opioid overdose, shall be documented in the staff member’s individual personnel file.

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

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

SEC. 8. The heading of Division 10.7 (commencing with Section 11999) of the Health and Safety Code is repealed.

SEC. 9. The heading of Division 10.7 (commencing with Section 11999) is added to the Health and Safety Code, to read:

DIVISION 10.7. SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY PROGRAMS

SEC. 10. Section 11999 of the Health and Safety Code is amended to read:

11999. The Legislature finds and declares all of the following:

(a) The Legislature has established various drug- and alcohol-related programs which provide for education, prevention, intervention, treatment, or enforcement.

(b) The Legislature has classified certain substances as controlled substances and has defined the lawful and unlawful use of controlled substances which are commonly referred to as, but not limited to, anabolic steroids, marijuana, and cocaine.

(c) The Legislature has classified certain substances as imitation controlled substances which are commonly referred to as, but not limited to, designer drugs.

(d) The Legislature has determined that the possession with the intent to be under the influence, or being under the influence of toluene, or any substance or material containing toluene, or any substance with similar toxic qualities, is unlawful. Some substances or materials containing toluene, or substances with similar toxic

qualities are commonly referred to, but not limited to, inhalants such as cement, glue, and paint thinner.

(e) The Legislature has determined that the purchase, possession, or use of alcohol by persons under 21 years of age is unlawful.

(f) Substance use disorder should be viewed and treated as a health problem, as well as a public safety problem as described in Section 11760.5.

(g) Comprehensive prevention and treatment services for individuals experiencing or recovering from substance use disorders must be medically accurate, culturally congruent, and evidence based.

(h) Naloxone, a life-saving opioid antagonist medication used to reverse an opioid overdose, including heroin, fentanyl, and prescription opioid medications, is safe and easy to use, works almost immediately, and is not addictive. Naloxone has very few negative effects, and has no effect if opioids are not in a person's system.

(i) With the establishment of the Naloxone Distribution Program and the United States Food and Drug Administration's approval for over-the-counter, nonprescription use of naloxone for the reversal of an opioid overdose, the Legislature further finds that carrying naloxone provides an extra layer of protection for those at a higher risk for overdose. Although most professional first responders and emergency departments carry naloxone, they may not arrive in time to reverse an opioid overdose. Anyone can carry naloxone, give it to someone having an overdose, and potentially save a life. Bystanders such as friends, family, non-health care providers, and persons who use drugs can reverse an opioid overdose with naloxone.

SEC. 11. Section 11999.1 of the Health and Safety Code is amended to read:

11999.1. For the purpose of this division, the following definitions apply:

(a) "Drug" means all of the following:

(1) Any controlled substance as defined in Division 10 (commencing with Section 11000).

(2) Any imitation controlled substance as defined in Chapter 1 (commencing with Section 11670) of Division 10.1.

(3) Toluene or any substance or material containing toluene or any substance with similar toxic qualities as set forth in Sections 380 and 381 of the Penal Code.

(b) "Drug- or alcohol-related program" means any program designed to assist persons with substance use disorders whether through education, prevention, intervention, treatment, or other means.

(c) "Local agency" shall include, but is not limited to, a county, a city, a city and county, and school district.

(d) "State agency" shall include the State Department of Health Care Services, the State Department of Education, the Department of Justice, the Office of Criminal Justice Planning, and the Office of Traffic Safety. Any other state agency or department may comply with this division.

SEC. 12. Section 11999.2 of the Health and Safety Code is repealed.

SEC. 13. Section 11999.2 is added to the Health and Safety Code, to read:

11999.2. (a) Notwithstanding any other law, an alcohol or other drug-related program shall be consistent with evidence-based best clinical practices in order for state funds to be encumbered by a state agency for allocation to any entity, whether public or private.

(b) This section includes any program funded by the state that provides education and prevention outreach to persons at risk of HIV-infection, viral hepatitis, or other bloodborne infections through intravenous drug use, or an opioid overdose prevention and treatment training program as defined in paragraph (2) of subdivision (a) of Section 1714.22 of the Civil Code.

O