

AMENDED IN ASSEMBLY APRIL 10, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1037**

**Introduced by Assembly Member Elhawary**

February 20, 2025

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An act to ~~amend Section 4145.5 of the Business and Professions Code, to amend Section 1714.22 of the Civil Code, and to amend Sections 1797.197, 11364, 11364.5, 11364.7, 11372.7, 11832, 11372.7, 11834.01, 11834.026, 11834.26, 11999, 11999.1, 120780.1, 120780.2, 120780.5, and 121349, and 11999.1 of, to amend the heading of Division 10.5 (commencing with Section 11750) of, to amend the heading of Part 4 (commencing with Section 120775) of Division 105 of, and to amend the heading of Chapter 1.5 (commencing with Section 120780) of Part 4 of Division 105 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) ~~Existing law, until January 1, 2026, authorizes a physician or pharmacist, without a prescription or permit, to furnish hypodermic needles and syringes for human use to a person 18 years of age or older, and authorizes a person 18 years of age or older to, without a prescription or license, obtain hypodermic needles and syringes solely for personal use from a physician or pharmacist, as a public health measure, as specified. Existing law requires a pharmacist that provides nonprescription syringes to provide information on access to testing and treatment for HIV and hepatitis C.~~

~~This bill would extend this authority indefinitely and would additionally require a pharmacist to provide information on other bloodborne diseases.~~

~~(2)~~

~~(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 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 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.~~

~~(3) Existing law defines drug paraphernalia to include testing equipment designed for use or marketed for use in identifying, or in analyzing the strength, effectiveness, or purity of, controlled substances, subject to exceptions, and prohibits, among other things, the manufacture, sale, and possession, as specified, of drug paraphernalia. Existing law exempts from these prohibitions specified professionals, such as pharmacists, manufacturers, and dentists, under certain circumstances. Existing law authorizes a court, in determining whether an object is drug paraphernalia, to consider specified facts and circumstances, such as the expert testimony.~~

~~This bill would remove testing equipment from the definition of drug paraphernalia and would expand the group of individuals exempt from drug paraphernalia prohibition to include a person who is at risk of~~

overdose, a family member, friend, or other person in a position to assist a person at risk of overdose, in order to reduce the spread of HIV, viral hepatitis, and other bloodborne infections among the intravenous drug user population within California. The bill would additionally authorize a court, in determining whether an object is paraphernalia, to consider whether the possession of an object is related to or a result of a substance use disorder treatment or recovery program, harm reduction program, syringe exchange program, or consistent with best clinical practices, as specified.

(4)

(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 as determined by the Substance Abuse and Mental Health Services Administration, *aligned with evidence-based best practices, as specified.*

(5)

(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 requires these programs to be certified, except as specified. 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 July 1, 2026, January 1, 2027, to offer a combined application for entities to be certified as an alcohol or other drug program seeking licensure as an alcohol or other drug recovery or treatment facility and to provide incidental medical services, as defined. The bill would prohibit an admission agreement from requiring 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, ~~rather than disconnection from treatment~~, following a relapse.

~~Existing~~

(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 ~~the best clinical practices as determined by the Substance Abuse and Mental Health Services Administration and the American Society of Addiction Medicine~~ *evidence-based best clinical practices* in order to receive state funds.

~~(6) Existing law authorizes a public entity, as defined, that receives General Fund money from the Office of AIDS in the State Department of Public Health for HIV prevention and education to use that money to support clean needle and syringe exchange projects authorized by the public entity. Existing law authorizes the money to be used for the purchase of sterile hypodermic needles and syringes, subject to specified conditions, such as the portion of funds used for purchasing sterile hypodermic needles and syringes does not exceed 7.5% of the total amount of the funds received by the entity for HIV prevention. Existing law requires that an entity apply for authorization to provide hypodermic needle and syringe exchange services and requires that an entity demonstrate in its application that it complies with certain minimum standards, including that it has adequate funding to provide certain services at reasonably projected program participation levels.~~

This bill would expand the diseases that a public entity receiving this General Fund money may focus on to include viral hepatitis and other

~~bloodborne diseases and would strike the above-described specified conditions to instead authorize that the money may be used for the purchase of sterile hypodermic needles and syringes as part of a clean needle and syringe exchange program in alignment with primary prevention activities as determined by the Substance Abuse and Mental Health Services Administration in the course of administering the Substance Use Prevention, Treatment, and Recovery Services Block Grant. The bill would require an entity applying for authorization to provide hypodermic needle and syringe exchange services to demonstrate in its application that it complies with certain minimum standards, including that it has the ability to provide certain services at reasonably projected program participation levels within 3 months of authorization.~~

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 4145.5 of the Business and Professions~~  
2     ~~Code is amended to read:~~  
3     ~~4145.5. (a) Notwithstanding any other law, a pharmacist or~~  
4     ~~physician may, without a prescription or a permit, furnish~~  
5     ~~hypodermic needles and syringes for human use, and a person~~  
6     ~~may, without a prescription or license, obtain hypodermic needles~~  
7     ~~and syringes from a pharmacist or physician for human use, if the~~  
8     ~~furnisher has previously been provided a prescription or other~~  
9     ~~proof of a legitimate medical need requiring a hypodermic needle~~  
10    ~~or syringe to administer a medicine or treatment.~~  
11    ~~(b) Notwithstanding any other law, as a public health measure~~  
12    ~~intended to prevent the transmission of HIV, viral hepatitis, and~~  
13    ~~other bloodborne diseases among persons who use syringes and~~  
14    ~~hypodermic needles, and to prevent subsequent infection of sexual~~  
15    ~~partners, newborn children, or other persons, a physician or~~  
16    ~~pharmacist may, without a prescription or a permit, furnish~~  
17    ~~hypodermic needles and syringes for human use to a person 18~~  
18    ~~years of age or older, and a person 18 years of age or older may,~~  
19    ~~without a prescription or license, obtain hypodermic needles and~~  
20    ~~syringes solely for personal use from a physician or pharmacist.~~  
21    ~~(c) Notwithstanding any other law, a pharmacist, veterinarian,~~  
22    ~~or person licensed pursuant to Section 4141 may, without a~~

1 ~~prescription or license, furnish hypodermic needles and syringes~~  
2 ~~for use on animals, and a person may, without a prescription or~~  
3 ~~license, obtain hypodermic needles and syringes from a pharmacist,~~  
4 ~~veterinarian, or person licensed pursuant to Section 4141 for use~~  
5 ~~on animals.~~

6 ~~(d) A pharmacy that furnishes nonprescription hypodermic~~  
7 ~~needles and syringes shall store hypodermic needles and syringes~~  
8 ~~in a manner that ensures that they are available only to authorized~~  
9 ~~personnel, and are not accessible to other persons.~~

10 ~~(e) In order to provide for the safe disposal of hypodermic~~  
11 ~~needles and syringes, a pharmacy or hypodermic needle and syringe~~  
12 ~~exchange program that furnishes nonprescription hypodermic~~  
13 ~~needles and syringes shall counsel consumers on safe disposal and~~  
14 ~~provide consumers with one or more of the following disposal~~  
15 ~~options:~~

16 ~~(1) It shall establish an onsite, safe, hypodermic needle and~~  
17 ~~syringe collection and disposal program that meets applicable state~~  
18 ~~and federal standards for collection and disposal of medical sharps~~  
19 ~~waste.~~

20 ~~(2) It shall furnish, or make available, mail-back sharps~~  
21 ~~containers authorized by the United States Postal Service that meet~~  
22 ~~applicable state and federal requirements for the transport of~~  
23 ~~medical sharps waste, and shall provide tracking forms to verify~~  
24 ~~destruction at a certified disposal facility.~~

25 ~~(3) It shall furnish, or make available, a sharps container that~~  
26 ~~meets applicable state and federal standards for collection and~~  
27 ~~disposal of medical sharps waste.~~

28 ~~(f) A pharmacy that furnishes nonprescription syringes shall~~  
29 ~~provide written information or verbal counseling to consumers at~~  
30 ~~the time of furnishing or sale of nonprescription hypodermic~~  
31 ~~needles or syringes on how to do the following:~~

32 ~~(1) Access drug treatment.~~

33 ~~(2) Access testing and treatment for HIV, viral hepatitis, and~~  
34 ~~other bloodborne diseases.~~

35 ~~(3) Safely dispose of sharps waste.~~

36 ~~SEC. 2.~~

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

39 1714.22. (a) For purposes of this section, the following  
40 definitions apply:

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

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

10 (A) The causes of an opiate overdose.

11 (B) Basic life support.

12 (C) How to contact appropriate emergency medical services.

13 (D) How to administer an opioid antagonist.

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

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

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

31 (3) A person who is at risk of an overdose, a family member,  
32 friend, or other person in a position to assist a person at risk of an  
33 overdose may possess an opioid antagonist and subsequently  
34 dispense or distribute an opioid antagonist to a person at risk of  
35 an overdose or to a family member, friend, or other person in a  
36 position to assist a person at risk of an overdose.

37 (d) A licensed health care provider or a person who is at risk of  
38 an overdose, or a family member, friend, or other person in a  
39 position to assist a person at risk of an overdose who acts with  
40 reasonable care shall not be subject to professional review, be

1 liable in a civil action, or be subject to criminal prosecution for  
2 issuing a prescription or order or for possession or distributing an  
3 opioid antagonist pursuant to subdivision (b) or (c).

4 (e) Notwithstanding any other law, a person who possesses or  
5 distributes an opioid antagonist shall not be subject to professional  
6 review, be liable in a civil action, or be subject to criminal  
7 prosecution for this possession or distribution. Notwithstanding  
8 any other law, a person not otherwise licensed to administer an  
9 opioid antagonist who acts with reasonable care in administering  
10 an opioid antagonist, in good faith and not for compensation, to a  
11 person who is experiencing or is suspected of experiencing an  
12 overdose shall not be subject to professional review, be liable in  
13 a civil action, or be subject to criminal prosecution for this  
14 administration.

15 ~~SEC. 3.~~

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

18 1797.197. (a) The authority shall establish training and  
19 standards for all prehospital emergency medical care personnel,  
20 as defined in paragraph (2) of subdivision (a) of Section 1797.189,  
21 regarding the characteristics and method of assessment and  
22 treatment of anaphylactic reactions and the use of epinephrine.  
23 The authority shall promulgate regulations regarding these matters  
24 for use by all prehospital emergency medical care personnel.

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

37 (2) The medical director of a local EMS agency may, pursuant  
38 to Section 1797.221, approve or conduct a trial study of the use  
39 and administration of naloxone hydrochloride or other opioid  
40 antagonists by any level of prehospital emergency medical care

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

8 ~~SEC. 4.—Section 11364 of the Health and Safety Code is~~  
9 ~~amended to read:~~

10 ~~11364. (a) It is unlawful to possess an opium pipe or any~~  
11 ~~device, contrivance, instrument, or paraphernalia used for~~  
12 ~~unlawfully injecting or smoking (1) a controlled substance specified~~  
13 ~~in subdivision (b), (c), or (e) or paragraph (1) of subdivision (f) of~~  
14 ~~Section 11054, specified in paragraph (14), (15), or (20) of~~  
15 ~~subdivision (d) of Section 11054, specified in subdivision (b) or~~  
16 ~~(e) of Section 11055, or specified in paragraph (2) of subdivision~~  
17 ~~(d) of Section 11055, or (2) a controlled substance that is a narcotic~~  
18 ~~drug classified in Schedule III, IV, or V.~~

19 ~~(b) This section does not apply to hypodermic needles or~~  
20 ~~syringes that have been containerized for safe disposal in a~~  
21 ~~container that meets state and federal standards for disposal of~~  
22 ~~sharps waste.~~

23 ~~(c) This section does not apply to an individual obtaining~~  
24 ~~controlled substance checking services, as described in Article 5~~  
25 ~~(commencing with Section 11300) of Chapter 5.~~

26 ~~(d) As a public health measure intended to prevent the~~  
27 ~~transmission of HIV, viral hepatitis, and other bloodborne diseases~~  
28 ~~among persons who use syringes and hypodermic needles, and to~~  
29 ~~prevent subsequent infection of sexual partners, newborn children,~~  
30 ~~or other persons, this section does not apply to the possession~~  
31 ~~solely for personal use of hypodermic needles, syringes, and~~  
32 ~~controlled substance checking equipment, as described in Article~~  
33 ~~5 (commencing with Section 11300) of Chapter 5. This section~~  
34 ~~does not apply to overdose prevention or treatment programs, or~~  
35 ~~individuals in possession of hypodermic needles or syringes or~~  
36 ~~controlled substance checking equipment related to an overdose~~  
37 ~~prevention or treatment training program, as described in Article~~  
38 ~~5 (commencing with Section 11300) of Chapter 5.~~

39 ~~SEC. 5.—Section 11364.5 of the Health and Safety Code is~~  
40 ~~amended to read:~~

1 ~~11364.5.— (a) Except as authorized by law, a person shall not~~  
2 ~~maintain or operate a place of business in which drug paraphernalia~~  
3 ~~is kept, displayed, or offered in any manner, sold, furnished,~~  
4 ~~transferred, or given away unless that drug paraphernalia is~~  
5 ~~completely and wholly kept, displayed, or offered within a separate~~  
6 ~~room or enclosure to which persons under 18 years of age who are~~  
7 ~~not accompanied by a parent or legal guardian are excluded. Each~~  
8 ~~entrance to such a room or enclosure shall be signposted in~~  
9 ~~reasonably visible and legible words to the effect that drug~~  
10 ~~paraphernalia is kept, displayed, or offered in the room or enclosure~~  
11 ~~and that minors, unless accompanied by a parent or legal guardian,~~  
12 ~~are excluded.~~

13 ~~(b) Except as authorized by law, an owner, manager, proprietor,~~  
14 ~~or other person in charge of a room or enclosure, within a place~~  
15 ~~of business, in which drug paraphernalia is kept, displayed, or~~  
16 ~~offered in any manner, sold, furnished, transferred, or given away~~  
17 ~~shall not permit or allow a person under 18 years of age to enter,~~  
18 ~~be in, remain in, or visit the room or enclosure unless that minor~~  
19 ~~person is accompanied by their parent or legal guardian.~~

20 ~~(c) Unless authorized by law, a person under 18 years of age~~  
21 ~~shall not enter, be in, remain in, or visit a room or enclosure in a~~  
22 ~~place of business in which drug paraphernalia is kept, displayed,~~  
23 ~~or offered in any manner, sold, furnished, transferred, or given~~  
24 ~~away unless accompanied by their parent or legal guardian.~~

25 ~~(d) As used in this section, “drug paraphernalia” means all~~  
26 ~~equipment, products, and materials of any kind which are intended~~  
27 ~~for use or designed for use, in planting, propagating, cultivating,~~  
28 ~~growing, harvesting, manufacturing, compounding, converting,~~  
29 ~~producing, processing, preparing, packaging, repackaging, storing,~~  
30 ~~containing, concealing, injecting, ingesting, inhaling, or otherwise~~  
31 ~~introducing into the human body a controlled substance. “Drug~~  
32 ~~paraphernalia” includes, but is not limited to, all of the following:~~

33 ~~(1) Kits intended for use or designed for use in planting,~~  
34 ~~propagating, cultivating, growing, or harvesting of any species of~~  
35 ~~plant that is a controlled substance or from which a controlled~~  
36 ~~substance can be derived.~~

37 ~~(2) Kits intended for use or designed for use in manufacturing,~~  
38 ~~compounding, converting, producing, processing, or preparing~~  
39 ~~controlled substances.~~

1     ~~(3) Isomerization devices intended for use or designed for use~~  
2 ~~in increasing the potency of any species of plant that is a controlled~~  
3 ~~substance.~~

4     ~~(4) Scales and balances intended for use or designed for use in~~  
5 ~~weighing or measuring controlled substances.~~

6     ~~(5) Diluents and adulterants, such as quinine hydrochloride,~~  
7 ~~mannitol, mannite, dextrose, and lactose, intended for use or~~  
8 ~~designed for use in cutting controlled substances.~~

9     ~~(6) Separation gins and sifters intended for use or designed for~~  
10 ~~use in removing twigs and seeds from, or in otherwise cleaning or~~  
11 ~~refining, cannabis.~~

12     ~~(7) Blenders, bowls, containers, spoons, and mixing devices~~  
13 ~~intended for use or designed for use in compounding controlled~~  
14 ~~substances.~~

15     ~~(8) Capsules, balloons, envelopes, and other containers intended~~  
16 ~~for use or designed for use in packaging small quantities of~~  
17 ~~controlled substances.~~

18     ~~(9) Containers and other objects intended for use or designed~~  
19 ~~for use in storing or concealing controlled substances.~~

20     ~~(10) Hypodermic syringes, needles, and other objects used in~~  
21 ~~parenterally injecting controlled substances into the human body.~~

22     ~~(11) Objects intended for use or designed for use in ingesting,~~  
23 ~~inhaling, or otherwise introducing cannabis, cocaine, hashish, or~~  
24 ~~hashish oil into the human body, such as the following:~~

25         ~~(A) Metal, wooden, acrylic, glass, stone, plastic, or ceramic~~  
26 ~~pipes with or without screens, permanent screens, hashish heads,~~  
27 ~~or punctured metal bowls.~~

28         ~~(B) Water pipes.~~

29         ~~(C) Carburetion tubes and devices.~~

30         ~~(D) Smoking and carburetion masks.~~

31         ~~(E) Roach clips, meaning objects used to hold burning material,~~  
32 ~~such as a cannabis cigarette that has become too small or too short~~  
33 ~~to be held in the hand.~~

34         ~~(F) Miniature cocaine spoons, and cocaine vials.~~

35         ~~(G) Chamber pipes.~~

36         ~~(H) Carburetor pipes.~~

37         ~~(I) Electric pipes.~~

38         ~~(J) Air-driven pipes.~~

39         ~~(K) Chillums.~~

40         ~~(L) Bongs.~~

1     ~~(M) Ice pipes or chillers.~~

2     ~~(e) In determining whether an object is drug paraphernalia, a~~  
3 ~~court or other authority may consider, in addition to all other~~  
4 ~~logically relevant factors, the following:~~

5         ~~(1) Statements by an owner or by anyone in control of the object~~  
6 ~~concerning its use.~~

7         ~~(2) Prior convictions, if any, of an owner, or of anyone in control~~  
8 ~~of the object, under any state or federal law relating to any~~  
9 ~~controlled substance.~~

10        ~~(3) Direct or circumstantial evidence of the intent of an owner,~~  
11 ~~or of anyone in control of the object, to deliver it to persons whom~~  
12 ~~they know, or should reasonably know, intend to use the object to~~  
13 ~~facilitate a violation of this section. The innocence of an owner,~~  
14 ~~or of anyone in control of the object, as to a direct violation of this~~  
15 ~~section shall not prevent a finding that the object is intended for~~  
16 ~~use, or designed for use, as drug paraphernalia.~~

17        ~~(4) Instructions, oral or written, provided with the object~~  
18 ~~concerning its use.~~

19        ~~(5) Descriptive materials, accompanying the object that explain~~  
20 ~~or depict its use.~~

21        ~~(6) National and local advertising concerning its use.~~

22        ~~(7) The manner in which the object is displayed for sale.~~

23        ~~(8) Whether the owner or anyone in control of the object is a~~  
24 ~~legitimate supplier of like or related items to the community, such~~  
25 ~~as a licensed distributor or dealer of tobacco products.~~

26        ~~(9) The existence and scope of legitimate uses for the object in~~  
27 ~~the community.~~

28        ~~(10) Expert testimony concerning its use.~~

29        ~~(11) If the possession of the object is related to, or is a result~~  
30 ~~of, a substance use disorder treatment or recovery program, harm~~  
31 ~~reduction program, syringe exchange program or syringe services~~  
32 ~~program, or consistent with best clinical practices in alignment~~  
33 ~~with the Substance Abuse and Mental Health Services~~  
34 ~~Administration and the American Society of Addiction Medicine.~~

35     ~~(f) This section shall not apply to any of the following:~~

36         ~~(1) Any pharmacist or other authorized person who sells or~~  
37 ~~furnishes drug paraphernalia described in paragraph (10) of~~  
38 ~~subdivision (d) upon the prescription of a physician, dentist,~~  
39 ~~podiatrist, or veterinarian.~~

1     ~~(2) Any physician, dentist, podiatrist, or veterinarian who~~  
2     ~~furnishes or prescribes drug paraphernalia described in paragraph~~  
3     ~~(10) of subdivision (d) to a patient.~~

4     ~~(3) Any manufacturer, wholesaler, or retailer licensed by the~~  
5     ~~California State Board of Pharmacy to sell or transfer drug~~  
6     ~~paraphernalia described in paragraph (10) of subdivision (d).~~

7     ~~(4) A person who is at risk of overdose, a family member, friend,~~  
8     ~~or other person in a position to assist a person at risk of overdose,~~  
9     ~~in order to reduce the spread of HIV, viral hepatitis, and other~~  
10    ~~bloodborne infections among the intravenous drug user population~~  
11    ~~within California.~~

12    ~~(g) "Drug paraphernalia" does not include any testing equipment~~  
13    ~~designed, marketed, intended to be used, or used, to test a substance~~  
14    ~~for the presence of contaminants, toxic substances, hazardous~~  
15    ~~compounds, or other adulterants, or controlled substances that~~  
16    ~~include, without limitation, fentanyl, ketamine, gamma~~  
17    ~~hydroxybutyric acid, or any analog of fentanyl.~~

18    ~~(h) Notwithstanding any other law, including Section 11374,~~  
19    ~~violation of this section shall not constitute a criminal offense, but~~  
20    ~~operation of a business in violation of the provisions of this section~~  
21    ~~shall be grounds for revocation or nonrenewal of any license,~~  
22    ~~permit, or other entitlement previously issued by a city, county,~~  
23    ~~or city and county for the privilege of engaging in such business~~  
24    ~~and shall be grounds for denial of any future license, permit, or~~  
25    ~~other entitlement authorizing the conduct of such business or any~~  
26    ~~other business, if the business includes the sale of drug~~  
27    ~~paraphernalia.~~

28    ~~SEC. 6. Section 11364.7 of the Health and Safety Code is~~  
29    ~~amended to read:~~

30    ~~11364.7. (a) (1) Except as authorized by law, a person who~~  
31    ~~delivers, furnishes, or transfers, possesses with intent to deliver,~~  
32    ~~furnish, or transfer, or manufactures with the intent to deliver,~~  
33    ~~furnish, or transfer, drug paraphernalia, knowing, or under~~  
34    ~~circumstances where one reasonably should know, that it will be~~  
35    ~~used to plant, propagate, cultivate, grow, harvest, compound,~~  
36    ~~convert, produce, process, prepare, pack, repack, store, contain,~~  
37    ~~conceal, inject, ingest, inhale, or otherwise introduce into the~~  
38    ~~human body a controlled substance, except as provided in~~  
39    ~~subdivision (b), in violation of this division, is guilty of a~~  
40    ~~misdemeanor.~~

~~(2) A public entity, its agents, or employees shall not be subject to criminal prosecution for distribution of hypodermic needles or syringes or any materials deemed by a local or state health department to be necessary to prevent the spread of communicable diseases, or to prevent drug overdose, injury, or disability to participants in clean needle and syringe exchange projects authorized by the public entity pursuant to Chapter 18 (commencing with Section 121349) of Part 4 of Division 105.~~

~~(b) Except as authorized by law, a person who manufactures with intent to deliver, furnish, or transfer drug paraphernalia knowing, or under circumstances where one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body cocaine, cocaine base, heroin, phencyclidine, or methamphetamine in violation of this division shall be punished by imprisonment in a county jail for not more than one year, or in the state prison.~~

~~(c) Except as authorized by law, a person, 18 years of age or over, who violates subdivision (a) by delivering, furnishing, or transferring drug paraphernalia to a person under 18 years of age who is at least three years their junior, or who, upon the grounds of a public or private elementary, vocational, junior high, or high school, possesses a hypodermic needle, as defined in Section 11014.5, with the intent to deliver, furnish, or transfer the hypodermic needle, knowing, or under circumstances where one reasonably should know, that it will be used by a person under 18 years of age to inject into the human body a controlled substance, is guilty of a misdemeanor and shall be punished by imprisonment in a county jail for not more than one year, by a fine of not more than one thousand dollars (\$1,000), or by both that imprisonment and fine.~~

~~(d) The violation, or the causing or the permitting of a violation, of subdivision (a), (b), or (c) by a holder of a business or liquor license issued by a city, county, or city and county, or by the State of California, and in the course of the licensee's business shall be grounds for the revocation of that license.~~

~~(e) All drug paraphernalia defined in Section 11014.5 is subject to forfeiture and may be seized by any peace officer pursuant to~~

1 ~~Section 11471 unless its distribution has been authorized pursuant~~  
2 ~~to subdivision (a):~~

3 ~~(f) If any provision of this section or the application thereof to~~  
4 ~~any person or circumstance is held invalid, it is the intent of the~~  
5 ~~Legislature that the invalidity shall not affect other provisions or~~  
6 ~~applications of this section that can be given effect without the~~  
7 ~~invalid provision or application and to this end the provisions of~~  
8 ~~this section are severable:~~

9 **SEC. 7.**

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

12 11372.7. (a) Except as otherwise provided in subdivision (b)  
13 or (e), each person who is convicted of a violation of this chapter  
14 shall pay a drug program fee in an amount not to exceed one  
15 hundred fifty dollars (\$150) for each separate offense. The court  
16 shall increase the total fine, if necessary, to include this increment,  
17 which shall be in addition to any other penalty prescribed by law.

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

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

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

3 (1) The moneys in the fund shall be allocated through the  
4 planning process established pursuant to Sections 11983, 11983.1,  
5 11983.2, and 11983.3.

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

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

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

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

34 (D) Primary prevention activities ~~identified by the Substance~~  
35 ~~Abuse and Mental Health Services Administration in the course~~  
36 ~~of administering~~ *aligned with evidence-based best practices or*  
37 *identified in the Substance Use Prevention, Treatment, and*  
38 *Recovery Services Block Grant, authorized by Section 1921 of*  
39 *Subparts II and III of Part B of Title XIX of the Public Health*  
40 *Service Act.*

1 (d) Moneys deposited into a county drug program fund pursuant  
2 to this section shall supplement, and shall not supplant, any local  
3 funds made available to support the county's drug abuse prevention  
4 and treatment efforts.

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

8 ~~SEC. 8:~~

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

11  
12 DIVISION 10.5. ALCOHOL AND OTHER DRUG  
13 PROGRAMS  
14

15 ~~SEC. 9.~~ ~~Section 11832 of the Health and Safety Code is~~  
16 ~~amended to read:~~

17 ~~11832. (a) The department has the sole authority in state~~  
18 ~~government to certify alcohol or other drug programs.~~

19 ~~(b) In administering this chapter, the department shall issue~~  
20 ~~certifications for a period of two years to those alcohol or other~~  
21 ~~drug programs that meet the requirements set forth in this chapter.~~

22 ~~(c) The department shall, on or before July 1, 2026, offer a~~  
23 ~~combined application for entities seeking certification as an alcohol~~  
24 ~~or other drug program to simultaneously apply for certification to~~  
25 ~~provide incidental medical services as defined in Section~~  
26 ~~11834.026.~~

27 ~~(d) An additional fee shall not be charged for the combined~~  
28 ~~application described in subdivision (c) in excess of the charge~~  
29 ~~authorized in Sections 11832.1 and 11832.4.~~

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

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

39 ~~(g) Key milestones in the permit application review process~~  
40 ~~shall include, but are not 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.~~

~~(h) On or before December 31, 2026, the department shall post to its internet website the average processing times, as described in subdivision (e), for each application under review by the department.~~

~~(i) 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. 5. Section 11834.01 of the Health and Safety Code is amended to read:*

1 11834.01. The department has the sole authority in state  
2 government to license adult alcohol or other drug recovery or  
3 treatment facilities.

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

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

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

13 (d) *The department shall, on or before January 1, 2027, offer*  
14 *a combined application for entities seeking licensure as an alcohol*  
15 *or other drug recovery or treatment facility to simultaneously*  
16 *apply to provide incidental medical services as defined in Section*  
17 *11834.026.*

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

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

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

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

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

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

38 (B) *The applicant shall have 60 working days from the date of*  
39 *the notification to provide the missing information or*  
40 *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. 10.~~

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 (1) Obtaining medical histories.

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

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

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

9 (5) Overseeing patient self-administered medications.

10 (6) Treating substance use disorders, including detoxification.

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

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

23 (1) The facility, in the judgment of the department, has the  
24 ability to comply with the requirements of this chapter and all other  
25 applicable laws and regulations to meet the needs of a resident  
26 receiving incidental medical services pursuant to this chapter. The  
27 department shall specify in regulations the minimum requirements  
28 that a facility shall meet in order to be approved to permit the  
29 provision of incidental medical services on its premises. The license  
30 of a facility approved to permit the provision of incidental medical  
31 services shall reflect that those services are permitted at the facility  
32 premises.

33 (2) The physician and surgeon and any other health care  
34 practitioner has signed an acknowledgment on a form provided  
35 by the department that they have been advised of and understand  
36 the statutory and regulatory limitations on the services that may  
37 legally be provided at a licensed alcohol or other drug recovery or  
38 treatment facility and the statutory and regulatory requirements  
39 and limitations for the physician and surgeon or other health care  
40 practitioner and for the facility, related to providing incidental

1 medical services. The licensee shall maintain a copy of the signed  
2 form at the facility for a physician and surgeon or other health care  
3 practitioner providing incidental medical services at the facility  
4 premises.

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

12 (4) The resident has signed an admission agreement.

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

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

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

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

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

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

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

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

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

25 (h) (1) On or before July 1, 2024, the department shall adopt  
26 regulations to implement this section in accordance with the  
27 Administrative Procedure Act (Chapter 3.5 (commencing with  
28 Section 11340) of Part 1 of Division 3 of Title 2 of the Government  
29 Code).

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

35 ~~SEC. 11.~~

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

38 11834.26. (a) The licensee shall provide at least one of the  
39 following alcohol- or other drug-related nonmedical services:

40 (1) Recovery services.

1 (2) Treatment services.

2 (3) Detoxification services.

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

7 (1) Admission criteria.

8 (2) Intake process.

9 (3) Assessments.

10 (4) Recovery, treatment, or detoxification planning.

11 (5) Referral.

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

14 (7) Discharge and continuing care planning.

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

16 (c) (1) A licensee shall not deny admission to any individual  
17 based solely on either of the following:

18 ~~(1) The~~ *the* individual having a valid prescription from a licensed  
19 health care professional for a medication approved by the federal  
20 Food and Drug Administration for the purpose of narcotic  
21 replacement treatment or medication-assisted treatment of  
22 substance use disorders.

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

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

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

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

1 (3) In developing a plan pursuant to this subdivision, the licensee  
2 ~~shall consider options to avoid disconnection of the resident from~~  
3 ~~treatment and shall prioritize the individual maintaining some level~~  
4 ~~of connection to treatment, rather than a complete disconnection~~  
5 ~~from treatment.~~ *prioritize the individual maintaining some level*  
6 *of connection to treatment and shall consider options to avoid*  
7 *complete disconnection of the resident from treatment.*

8 (e) The department shall have the authority to implement  
9 subdivisions (d) and (f) by bulletin or all-county or all-provider  
10 letter, after stakeholder input, until regulations are promulgated.  
11 The department shall promulgate regulations to implement  
12 subdivisions (d) and (f) no later than July 1, ~~2024~~, 2027.

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

30 (2) A trained staff member shall not be liable for damages in a  
31 civil action or subject to criminal prosecution for the  
32 administration, in good faith, of naloxone hydrochloride, or any  
33 other opioid antagonist that is approved by the United States Food  
34 and Drug Administration for treatment of an opioid overdose, to  
35 a person appearing to experience an overdose. This paragraph shall  
36 not apply in a case where the person who renders emergency care  
37 treatment by the use of naloxone hydrochloride, or any other opioid  
38 antagonist that is approved by the United States Food and Drug  
39 Administration for treatment of an overdose, acts with gross  
40 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. 12.~~

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

~~SEC. 13.~~

*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. 14.~~

*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.

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

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

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

23 ~~SEC. 15.~~

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

26 11999.1. For the purpose of this division, the following  
27 definitions apply:

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

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

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

33 (3) Toluene or any substance or material containing toluene or  
34 any substance with similar toxic qualities as set forth in Sections  
35 380 and 381 of the Penal Code.

36 (b) "Drug- or alcohol-related program" means any program  
37 designed to assist persons with substance use disorders whether  
38 through education, prevention, intervention, treatment, or other  
39 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. 16.~~

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

~~SEC. 17.~~

~~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 ~~best clinical practices in alignment with the Substance Abuse and Mental Health Services Administration and the American Society of Addiction Medicine~~ *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.

~~SEC. 18.~~ ~~The heading of Part 4 (commencing with Section 120775) of Division 105 of the Health and Safety Code is amended to read:~~

~~PART 4. HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND  
OTHER BLOODBORNE DISEASES~~

~~SEC. 19.~~ ~~The heading of Chapter 1.5 (commencing with Section 120780) of Part 4 of Division 105 of the Health and Safety Code is amended to read:~~

~~CHAPTER 1.5. STATE HIV, VIRAL HEPATITIS, AND OTHER  
BLOODBORNE DISEASE PREVENTION AND EDUCATION FUNDS~~

1     ~~SEC. 20. Section 120780.1 of the Health and Safety Code is~~  
2     ~~amended to read:~~

3     ~~120780.1. A public entity that receives General Fund money~~  
4     ~~from the State Department of Public Health for HIV, viral hepatitis,~~  
5     ~~and other bloodborne disease prevention and education may use~~  
6     ~~that money to support clean needle and syringe exchange programs~~  
7     ~~authorized pursuant to existing law. The money may be used for,~~  
8     ~~but is not limited to, the purchase of sterile hypodermic needles~~  
9     ~~and syringes as part of a clean needle and syringe exchange~~  
10    ~~program in alignment with primary prevention activities as~~  
11    ~~determined by the Substance Abuse and Mental Health Services~~  
12    ~~Administration for the purposes of the administration of the~~  
13    ~~Substance Use Prevention, Treatment, and Recovery Services~~  
14    ~~Block Grant, authorized by Section 1921 of Subparts H and I of~~  
15    ~~Part B of Title XIX of the Public Health Service Act.~~

16    ~~SEC. 21. Section 120780.2 of the Health and Safety Code is~~  
17    ~~amended to read:~~

18    ~~120780.2. In order to reduce the spread of HIV, viral hepatitis,~~  
19    ~~and other potentially deadly bloodborne pathogens, the State~~  
20    ~~Department of Public Health may purchase sterile hypodermic~~  
21    ~~needles and syringes, and other supplies, for distribution to syringe~~  
22    ~~exchange programs authorized pursuant to law and support any~~  
23    ~~costs associated with distribution of supplies. Supplies provided~~  
24    ~~to programs, including those administered by local health~~  
25    ~~departments, are not subject to the formulas and limits of Section~~  
26    ~~120780.1.~~

27    ~~SEC. 22. Section 120780.5 of the Health and Safety Code is~~  
28    ~~amended to read:~~

29    ~~120780.5. (a) Upon an appropriation in the annual Budget~~  
30    ~~Act, the State Department of Public Health shall award funding,~~  
31    ~~on a competitive basis, to community-based organizations or local~~  
32    ~~health jurisdictions to provide comprehensive HIV prevention and~~  
33    ~~control activities for the most vulnerable and underserved~~  
34    ~~individuals living with, or at high risk for, HIV infection.~~  
35    ~~Applicants may include individual community-based organizations~~  
36    ~~and local health jurisdictions, as well as collaborations between~~  
37    ~~community-based organizations and local health jurisdictions.~~

38    ~~(b) Entities located in any county are eligible to receive grant~~  
39    ~~funding.~~

~~(e) Comprehensive HIV, viral hepatitis, and other bloodborne disease prevention and control activities may include, but are not limited to, any of the following:~~

- ~~(1) HIV testing, including the purchase of HIV test kits.~~
- ~~(2) Linkage to and retention in care for people living with HIV.~~
- ~~(3) Pre-exposure prophylaxis (PrEP)-related and post-exposure prophylaxis (PEP)-related activities.~~
- ~~(4) Syringe services programs.~~

~~(d) The department shall determine the funding levels of each award based on scope and geographic area. Priority for grants shall be given to community-based organizations or local health jurisdictions that, through their applications, demonstrate expertise, history, and credibility at working successfully in engaging the most vulnerable and underserved individuals living with, or at high risk for, HIV, viral hepatitis, or other bloodborne infections.~~

~~(e) Funds shall be allocated in a manner that balances the need to spread funding to as many local health jurisdictions and community-based organizations as possible and the need to provide meaningful activities to each recipient. Not less than 50 percent of the funds allocated shall be provided to community-based organizations, for purposes consistent with this section.~~

~~(f) The department shall determine the application process, selection criteria, and any reporting requirements for the grant, consistent with this section.~~

~~(g) The department shall develop measures for each local health jurisdiction and community-based organization funded pursuant to this section to demonstrate accountability.~~

~~(h) This section shall be operative only if funds are explicitly appropriated in the annual Budget Act specifically for purposes of this section.~~

~~SEC. 23. Section 121349 of the Health and Safety Code is amended to read:~~

~~121349. (a) The Legislature finds and declares that scientific data from needle exchange programs in the United States and in Europe have shown that the exchange of used hypodermic needles and syringes for clean hypodermic needles and syringes does not increase drug use in the population, can serve as an important bridge to treatment and recovery from substance use disorder, and can curtail the spread of human immunodeficiency virus (HIV) infection among the intravenous drug user population.~~

1     ~~(b) In order to reduce the spread of HIV infection and~~  
2     ~~bloodborne hepatitis among the intravenous drug user population~~  
3     ~~within California, the Legislature hereby authorizes a clean needle~~  
4     ~~and syringe exchange project pursuant to this chapter in any city,~~  
5     ~~county, or city and county upon the action of a county board of~~  
6     ~~supervisors and the local health officer or health commission of~~  
7     ~~that county, or upon the action of the city council, the mayor, and~~  
8     ~~the local health officer of a city with a health department, or upon~~  
9     ~~the action of the city council and the mayor of a city without a~~  
10    ~~health department.~~

11    ~~(c) In order to reduce the spread of HIV infection, viral hepatitis,~~  
12    ~~and other potentially deadly bloodborne infections, the State~~  
13    ~~Department of Public Health may, notwithstanding any other law,~~  
14    ~~authorize entities that provide services set forth in paragraph (1)~~  
15    ~~of subdivision (d), and that have sufficient staff and capacity to~~  
16    ~~provide the services described in Section 121349.1, as determined~~  
17    ~~by the department, to apply for authorization under this chapter to~~  
18    ~~provide hypodermic needle and syringe exchange services~~  
19    ~~consistent with state standards in any location where the department~~  
20    ~~determines that the conditions exist for the rapid spread of HIV,~~  
21    ~~viral hepatitis, or any other potentially deadly or disabling~~  
22    ~~infections that are spread through the sharing of used hypodermic~~  
23    ~~needles and syringes. Authorization shall be made after~~  
24    ~~consultation with the local health officer and local law enforcement~~  
25    ~~leadership, and after a period of public comment, as described in~~  
26    ~~subdivision (e). In making the determination, the department shall~~  
27    ~~balance the concerns of law enforcement with the public health~~  
28    ~~benefits. The authorization shall not be for more than two years.~~  
29    ~~Before the end of the two-year period, the department may~~  
30    ~~reauthorize the program in consultation with the local health officer~~  
31    ~~and local law enforcement leadership.~~

32    ~~(d) In order for an entity to be authorized to conduct a project~~  
33    ~~pursuant to this chapter, its application to the department shall~~  
34    ~~demonstrate that the entity complies with all of the following~~  
35    ~~minimum standards:~~

36    ~~(1) The entity provides, directly or through referral, all of the~~  
37    ~~following services:~~

38    ~~(A) Substance use disorder treatment services.~~

39    ~~(B) HIV or hepatitis screening.~~

40    ~~(C) Hepatitis A and hepatitis B vaccination.~~

1     ~~(D) Screening for sexually transmitted infections.~~

2     ~~(E) Housing services for the homeless, for victims of domestic~~  
3 ~~violence, or other similar housing services.~~

4     ~~(F) Services related to provision of education and materials for~~  
5 ~~the reduction of sexual risk behaviors, including, but not limited~~  
6 ~~to, the distribution of condoms.~~

7     ~~(2) The entity has the capacity to commence needle and syringe~~  
8 ~~exchange services within three months of authorization.~~

9     ~~(3) The entity can demonstrate that it has the ability to do all of~~  
10 ~~the following at reasonably projected program participation levels~~  
11 ~~within three months of authorization:~~

12     ~~(A) Provide needles and syringe exchange services for all of its~~  
13 ~~participants.~~

14     ~~(B) Provide HIV and viral hepatitis prevention education~~  
15 ~~services for all of its participants.~~

16     ~~(C) Provide for the safe recovery and disposal of used syringes~~  
17 ~~and sharps waste from all of its participants.~~

18     ~~(4) The entity has the capacity, and an established plan, to collect~~  
19 ~~evaluative data in order to assess program impact, including, but~~  
20 ~~not limited to, all of the following:~~

21     ~~(A) The total number of persons served.~~

22     ~~(B) The total number of needles and syringes distributed,~~  
23 ~~recovered, and disposed of.~~

24     ~~(C) The total numbers and types of referrals to drug treatment~~  
25 ~~and other services.~~

26     ~~(e) If the application is provisionally deemed appropriate by the~~  
27 ~~department, the department shall, at least 45 days prior to approval~~  
28 ~~of the application, provide for a period of public comment as~~  
29 ~~follows:~~

30     ~~(1) Post on the department's internet website the name of the~~  
31 ~~applicant, the nature of the services, and the location where the~~  
32 ~~applying entity will provide the services.~~

33     ~~(2) Send a written and an email notice to the local health officer~~  
34 ~~of the affected jurisdiction.~~

35     ~~(3) Send a written and an email notice to the chief of police, the~~  
36 ~~sheriff, or both, as appropriate, of the jurisdictions in which the~~  
37 ~~program will operate.~~

38     ~~(f) The department shall establish and maintain on its internet~~  
39 ~~website the address and contact information of programs providing~~

hypodermic needle and syringe exchange services pursuant to this chapter.

~~(g) The authorization provided under this section is only for a clean needle and syringe exchange project as described in Section 121349.1.~~

~~(h) (1) Needle and syringe exchange services application submissions, authorizations, and operations performed pursuant to this chapter shall be exempt from review under the California Environmental Quality Act, Division 13 (commencing with Section 21000) of the Public Resources Code.~~

~~(2) This subdivision is intended to be declaratory of existing law.~~

~~(i) If the department, in its discretion, determines that a state authorized syringe exchange program continues to meet all standards set forth in subdivision (d) and that a public health need exists, it may administratively approve amendments to a program's operations including, but not limited to, modifications to the time, location, and type of services provided, including the designation as a fixed site or a mobile site. The amendment approval is not subject to the noticing requirements of subdivision (e).~~

~~(j) The department shall have 30 business days to review and respond to the applicant's request for amendment of the authorization. If the department does not respond in writing within 30 business days, the request shall be deemed denied.~~

~~(k) The provisions of this section are severable. If any provision of this section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.~~