

AMENDED IN SENATE MAY 5, 2025  
AMENDED IN SENATE MARCH 24, 2025

**SENATE BILL**

**No. 548**

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**Introduced by Senator Reyes**

February 20, 2025

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An act to add ~~Section 1347~~ *Division 10.3 (commencing with Section 11720)* to the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

SB 548, as amended, Reyes. California Overdose Death and Addiction Reduction Act of 2025.

Existing law establishes the California Health and Human Services Agency, which includes departments charged with the administration of health, social, and other human services. Under existing law, the Legislature finds that state government has an affirmative role in alleviating problems related to the inappropriate use of alcoholic beverages and other drug use and that its major objective is protection of the public health and safety, particularly where problems related to inappropriate alcohol use and other drug use are likely to cause harm to individuals, families, and the community. *The agency convened the Behavioral Health Task Force to inform its work on behavioral health issues across the state.*

This bill, the California Overdose Death and Addiction Reduction Act of 2025, would require the California Health and Human Services Agency, on or before January 1, 2028, to *direct the task force, or a successor group, to create a set of recommendations to support a five-year an* implementation plan for reducing alcohol- and drug-related addiction deaths by 50% ~~by 2031 and convene a state advisory group for the purposes of advising the agency on those recommendations. on~~

*or before 5 years from the date the task force provides the recommendations to the agency, but no later than January 1, 2033.* The bill would ~~require the advisory group to consist of~~ authorize the task force to include additional members as deemed appropriate by the agency, including representatives from specified entities, ~~including the State Department of Health Care Services,~~ experts, and providers, among others. The bill would require the agency to adopt the recommendations provided by the ~~advisory group~~ task force and require the agency to consider specified information, including quality and performance measures to establish minimum standards for effective delivery of services.

The bill would require the ~~agency~~ agency, on or before July 1, 2033, to provide the Governor and the Legislature a report of the findings and recommendations related to the extent that the ~~2031~~ 2033 goal was met and how effective the recommendations of the ~~advisory group~~ task force were, and recommendations for beyond ~~2031~~ 2033 that will continue to reduce overdose deaths and addiction.

The bill would also make related findings and declarations.

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. This act shall be known, and may be cited as, the
- 2 California Overdose Death and Addiction Reduction Act of 2025.
- 3 SEC. 2. (a) The Legislature makes the following findings and
- 4 declarations:
- 5 (1) In 2023, ~~approximately 12,710~~ more than 11,000
- 6 Californians died because of fentanyl and other overdose ~~deaths~~
- 7 ~~—an increase of over 160 percent since 2017.~~ deaths. California's
- 8 overdose death toll increased by 4 percent in 2023, while the
- 9 number of deaths nationally declined for the first time in five years.
- 10 (2) Excessive alcohol use resulted in an additional death toll of
- 11 almost 20,000.
- 12 (3) ~~Over 1,100,000 individuals who presented at California~~
- 13 ~~emergency departments in 2021 were diagnosed with a substance~~
- 14 ~~use disorder; this is about one in seven visits.~~
- 15 (4)
- 16 (3) Drug-related overdose deaths were the sixth leading acute
- 17 cause of death with an age-adjusted death rate of ~~26.9~~ 29.4 per

1 100,000 residents in ~~2021~~. 2023. The drug-related overdose  
2 age-adjusted death rate was greater than the age-adjusted death  
3 rates for chronic obstructive pulmonary disease, lung cancer,  
4 kidney diseases, and congestive heart failure.

5 ~~(5)~~

6 (4) New addiction medications and treatment strategies can  
7 dramatically reduce overdose deaths and reduce heavy drinking.  
8 Contingency management treatments strongly reduce stimulant  
9 use.

10 ~~(6)~~

11 (5) Almost 30,000,000 Californians are enrolled in health plans  
12 regulated by the Department of Managed Health Care and have  
13 coverage that includes treatment for substance use disorder.

14 ~~(7)~~

15 (6) Current measures for post-emergency department followup  
16 care report that only 28.6 percent of Medi-Cal members who visited  
17 an emergency department for an overdose or substance use disorder  
18 diagnosis received followup care after 30 days.

19 (b) It is the intent of the Legislature that the state establish a  
20 goal of reducing alcohol- and drug-related addiction deaths by 50  
21 percent by ~~2031~~ 2033 and that this goal continue in existence and  
22 be used to maintain and continue reductions of overdose death and  
23 addiction beyond ~~2031~~. 2033.

24 SEC. 3. ~~Section 1347 is added to the Health and Safety Code,~~  
25 ~~to read:~~

26 1347. ~~(a) (1) On or before January 1, 2028, the California~~  
27 ~~Health and Human Services Agency shall create a set of~~  
28 ~~recommendations to support a five-year implementation plan for~~  
29 ~~reducing alcohol- and drug-related addiction deaths by 50 percent~~  
30 ~~by 2031 and convene a state advisory group for the purposes of~~  
31 ~~advising the agency on those recommendations. The~~  
32 ~~recommendations shall specify what can be accomplished pursuant~~  
33 ~~to existing administrative authority and what will require additional~~  
34 ~~regulations or legislation for implementation.~~

35 ~~(2) The advisory group shall include, but is not limited to,~~  
36 ~~representatives from the State Department of Health Care Services,~~  
37 ~~the California Health Benefit Exchange, also known as Covered~~  
38 ~~California, the California Public Employees' Retirement System,~~  
39 ~~the Department of Health Care Access and Information, the State~~

1 Department of Public Health, and the Emergency Medical Services  
2 Authority. The group shall also include the following:  
3 (A) Representatives of consumer stakeholders that serve diverse  
4 populations.  
5 (B) Substance use disorder treatment experts, researchers, and  
6 insurers.  
7 (C) Representatives from clinics that provide primary care.  
8 (D) Primary care and substance use treatment providers.  
9 (E) Individuals with lived experiences in receiving substance  
10 use disorder treatment.  
11 (F) Representatives from different diverse groups, including  
12 those with different racial, cultural, ethnic, sexual orientation,  
13 gender, economic, linguistic, age, disability, and geographical  
14 backgrounds, so that the findings and recommendations reflect the  
15 communities of California.  
16 (3) In order to ensure the most accurate recommendations  
17 feasible, the agency shall evaluate the best available scientific,  
18 technological, medical, and socioeconomic information on  
19 overdose death and addiction to meet the 2031 goal.  
20 (b) The agency shall adopt the recommendations provided by  
21 the advisory group. In adopting recommendations to achieve the  
22 2031 goal, the agency shall review and assess existing health  
23 coverage and health insurance treatment policies, practices, and  
24 data related to reducing addiction and deaths related to alcohol  
25 and drug use, including the applicability and adequacy of existing  
26 rules related to parity in coverage for treatment for substance use  
27 disorder. The agency shall also consider quality and performance  
28 measures to establish minimum standards for effective delivery  
29 of substance use disorder services, including all of the following:  
30 (1) Access to low barrier models of care for substance use  
31 disorders as defined by the federal Substance Abuse and Mental  
32 Health Services Administration.  
33 (2) Access to pharmacies that can provide addiction medication.  
34 (3) Access to primary care providers that can provide addiction  
35 medication and treatment.  
36 (4) Access to providers that are trained to provide and support  
37 models of care or evidence-based medication.  
38 (5) The interaction of comorbidities, such as mental illness or  
39 other behavioral health conditions.

1     ~~(6) Other characteristics in determining where disparate~~  
2     ~~outcomes exist, including, but not limited to, race, ethnicity,~~  
3     ~~gender, sexual orientation, language, age, income, and disability.~~

4     ~~(e) While implementing the goals of this section, the agency~~  
5     ~~shall consult and consider the expertise of representatives from~~  
6     ~~other state agencies that regulate, collect data, or contract with~~  
7     ~~health plans or health insurers, including the State Department of~~  
8     ~~Health Care Services, Covered California, California Public~~  
9     ~~Employees' Retirement System, the Department of Health Care~~  
10    ~~Access and Information, the State Department of Public Health,~~  
11    ~~and the Emergency Medical Services Authority.~~

12    ~~(d) (1) The agency shall provide the Governor and the~~  
13    ~~Legislature a report of findings and recommendations related to~~  
14    ~~the extent to which the 2031 goal was met and how effective the~~  
15    ~~recommendations of the advisory group were. This report shall~~  
16    ~~also include recommendations for beyond 2031 that will continue~~  
17    ~~to reduce overdose deaths and addiction. The report may include~~  
18    ~~all of the following:~~

19    ~~(A) Quality measures, including, but not limited to, Healthcare~~  
20    ~~Effectiveness Data and Information Set measures and the federal~~  
21    ~~Centers for Medicare and Medicaid Services Child and Adult Core~~  
22    ~~Set measures, the Quality Alignment Measure Set developed by~~  
23    ~~the California Public Employees' Retirement System, as well as~~  
24    ~~collaborative efforts with other state agencies that purchase or~~  
25    ~~negotiate health insurance coverage.~~

26    ~~(B) Surveys or other measures to assess consumer experience~~  
27    ~~and satisfaction.~~

28    ~~(C) New measures and metrics that determine health outcomes.~~

29    ~~(D) Measures of social determinants of health that may~~  
30    ~~contribute to substance use disorder treatment efficacy, such as~~  
31    ~~housing security, food insecurity, caregiving, and other nonmedical~~  
32    ~~determinants of health.~~

33    ~~(E) Other existing child and adult quality or outcome measures~~  
34    ~~that the committee determines are appropriate.~~

35    ~~(2) The report shall also include the information considered~~  
36    ~~under subdivision (b) and the information and expertise from the~~  
37    ~~entities listed under subdivision (c).~~

38    ~~SEC. 3. Division 10.3 (commencing with Section 11720) is~~  
39    ~~added to the Health and Safety Code, to read:~~

*DIVISION 10.3. OVERDOSE DEATH AND ADDICTION  
REDUCTION*

*11720. For purposes of this division, the following definitions apply:*

*(a) "Agency" means the California Health and Human Services Agency, unless otherwise specified.*

*(b) "Task force" means the Behavioral Health Task Force convened by the agency or any successor group established by the agency to advise on behavioral health issues.*

*11721. On or before January 1, 2028, the California Health and Human Services Agency shall direct the Behavioral Health Task Force, or any successor group established by the agency to advise on behavioral health issues, to create a set of recommendations to support an implementation plan for reducing alcohol- and drug-related addiction deaths by 50 percent on or before five years from the date the task force provides the recommendations to the agency, but no later than January 1, 2033. The recommendations shall specify what can be accomplished pursuant to existing administrative authority and what will require additional regulations or legislation for implementation.*

*11722. The task force, or a subcommittee established by the task force, may include additional members as deemed appropriate by the agency, including, but not limited to, representatives from other departments within the agency, the California Health Benefit Exchange, also known as Covered California, the Public Employees' Retirement System, and the Behavioral Health Services Oversight and Accountability Commission. The task force may also include all of the following:*

*(a) Representatives of consumer stakeholders that serve diverse populations.*

*(b) Substance use disorder treatment experts, researchers, and insurers.*

*(c) Representatives from clinics that provide primary care.*

*(d) Primary care and substance use treatment providers.*

*(e) Individuals with lived experiences in receiving substance use disorder treatment.*

*(f) Representatives from different diverse groups, including those with different racial, cultural, ethnic, sexual orientation,*

1 *gender, economic, linguistic, age, disability, and geographical*  
2 *backgrounds, so that the findings and recommendations reflect*  
3 *the communities of California.*

4 *11723. In order to ensure the most accurate recommendations*  
5 *feasible, the task force shall evaluate the best available scientific,*  
6 *technological, medical, and socioeconomic information on*  
7 *overdose death and addiction to meet the 2033 goal.*

8 *11724. The agency shall adopt the recommendations provided*  
9 *by the task force. In adopting recommendations to achieve the*  
10 *2033 goal, the agency shall review and assess existing health*  
11 *coverage and health insurance treatment policies, practices, and*  
12 *data related to reducing addiction and deaths related to alcohol*  
13 *and drug use, including the applicability and adequacy of existing*  
14 *rules related to parity in coverage for treatment for substance use*  
15 *disorder. The agency shall also consider quality and performance*  
16 *measures to establish minimum standards for effective delivery of*  
17 *substance use disorder services, including all of the following:*

18 *(a) Access to low barrier models of care for substance use*  
19 *disorders as defined by the federal Substance Abuse and Mental*  
20 *Health Services Administration.*

21 *(b) Access to pharmacies that can provide addiction medication.*

22 *(c) Access to primary care providers that can provide addiction*  
23 *medication and treatment.*

24 *(d) Access to providers that are trained to provide and support*  
25 *models of care or evidence-based medication.*

26 *(e) The interaction of comorbidities, such as mental illness or*  
27 *other behavioral health conditions.*

28 *(f) Other characteristics in determining where disparate*  
29 *outcomes exist, including, but not limited to, race, ethnicity, gender,*  
30 *sexual orientation, language, age, income, and disability.*

31 *11725. While implementing the goals of this division, the*  
32 *agency shall consult and consider the expertise of representatives*  
33 *from other state agencies that regulate, collect data, or contract*  
34 *with health plans or health insurers, including the State*  
35 *Department of Health Care Services, Covered California, Public*  
36 *Employees' Retirement System, the Department of Health Care*  
37 *Access and Information, the State Department of Public Health,*  
38 *and the Emergency Medical Services Authority.*

39 *11726. (a) On or before July 1, 2033, the agency shall provide*  
40 *the Governor and the Legislature a report of findings and*

1 *recommendations related to the extent to which the 2033 goal was*  
2 *met and how effective the recommendations of the task force were.*  
3 *This report shall also include recommendations for beyond 2033*  
4 *that will continue to reduce overdose deaths and addiction. The*  
5 *report may include all of the following:*

6 *(1) Quality measures, including, but not limited to, Healthcare*  
7 *Effectiveness Data and Information Set measures and the federal*  
8 *Centers for Medicare and Medicaid Services Child and Adult Core*  
9 *Set measures, the Quality Alignment Measure Set developed by*  
10 *the Public Employees' Retirement System, as well as collaborative*  
11 *efforts with other state agencies that purchase or negotiate health*  
12 *insurance coverage.*

13 *(2) Surveys or other measures to assess consumer experience*  
14 *and satisfaction.*

15 *(3) New measures and metrics that determine health outcomes.*

16 *(4) Measures of social determinants of health that may*  
17 *contribute to substance use disorder treatment efficacy, such as*  
18 *housing security, food insecurity, caregiving, and other nonmedical*  
19 *determinants of health.*

20 *(5) Other existing child and adult quality or outcome measures*  
21 *that the task force determines are appropriate.*

22 *(b) The report shall also include the information considered*  
23 *under Section 11724 and the information and expertise from the*  
24 *entities listed in Section 11725.*

25 *(c) The report to be submitted to the Legislature pursuant to*  
26 *subdivision (a) shall be submitted in compliance with Section 9795*  
27 *of the Government Code.*