

ASSEMBLY BILL

No. 423

Introduced by Assembly Member Davies

February 5, 2025

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

LEGISLATIVE COUNSEL'S DIGEST

AB 423, as introduced, Davies. Alcohol and drug recovery or treatment facilities: discharge and continuing care planning.

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

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

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

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

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

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

(1) Recovery services.

(2) Treatment services.

(3) Detoxification services.

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

(1) Admission criteria.

(2) Intake process.

(3) Assessments.

(4) Recovery, treatment, or detoxification planning.

(5) Referral.

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

~~(7) Discharge and continuing care planning.~~

~~(8)~~

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

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

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

1 (e) The department shall have the authority to implement
2 subdivisions (d) and (f) by bulletin or all-county or all-provider
3 letter, after stakeholder input, until regulations are promulgated.
4 The department shall promulgate regulations to implement
5 subdivisions (d) and (f) no later than July 1, 2024.

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

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

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

38 (h) *The department shall adopt regulations requiring discharge*
39 *and continuing care planning that are appropriate for each of the*

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