

AMENDED IN SENATE MARCH 24, 2025

SENATE BILL

No. 548

Introduced by Senator Reyes

February 20, 2025

An act to ~~amend Section 108770 of~~ *add Section 1347 to* the Health and Safety Code, relating to ~~toxic substances;~~ *public health.*

LEGISLATIVE COUNSEL'S DIGEST

SB 548, as amended, Reyes. ~~Toxic substances; household products.~~ *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.

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 create a set of recommendations to support a five-year 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. The bill would require the advisory group to consist of representatives from specified entities, including the State Department of Health Care Services, among others. The bill would require the agency to adopt the recommendations provided by

the advisory group 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 to provide the Governor and the Legislature a report of the findings and recommendations related to the extent that the 2031 goal was met and how effective the recommendations of the advisory group were, and recommendations for beyond 2031 that will continue to reduce overdose deaths and addiction.

The bill would also make related findings and declarations.

~~Existing law makes it unlawful for a person to distribute or sell a toxic household product if it does not meet specified requirements.~~

~~This bill would make technical, nonsubstantive changes to these provisions.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~ 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 Californians died because*
- 6 *of fentanyl and other overdose deaths — an increase of over 160*
- 7 *percent since 2017. California’s overdose death toll increased by*
- 8 *4 percent in 2023, while the number of deaths nationally declined*
- 9 *for the first time in five years.*
- 10 *(2) Excessive alcohol use resulted in an additional death toll*
- 11 *of 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) Drug-related overdose deaths were the sixth leading acute*
- 16 *cause of death with an age-adjusted death rate of 26.9 per 100,000*
- 17 *residents in 2021. The drug-related overdose age-adjusted death*
- 18 *rate was greater than the age-adjusted death rates for chronic*
- 19 *obstructive pulmonary disease, lung cancer, kidney diseases, and*
- 20 *congestive heart failure.*

1 (5) *New addiction medications and treatment strategies can*
2 *dramatically reduce overdose deaths and reduce heavy drinking.*
3 *Contingency management treatments strongly reduce stimulant*
4 *use.*

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

8 (7) *Current measures for post-emergency department followup*
9 *care report that only 28.6 percent of Medi-Cal members who*
10 *visited an emergency department for an overdose or substance*
11 *use disorder diagnosis received followup care after 30 days.*

12 (b) *It is the intent of the Legislature that the state establish a*
13 *goal of reducing alcohol- and drug-related addiction deaths by*
14 *50 percent by 2031 and that this goal continue in existence and*
15 *be used to maintain and continue reductions of overdose death*
16 *and addiction beyond 2031.*

17 SEC. 3. *Section 1347 is added to the Health and Safety Code,*
18 *to read:*

19 1347. (a) (1) *On or before January 1, 2028, the California*
20 *Health and Human Services Agency shall create a set of*
21 *recommendations to support a five-year implementation plan for*
22 *reducing alcohol- and drug-related addiction deaths by 50 percent*
23 *by 2031 and convene a state advisory group for the purposes of*
24 *advising the agency on those recommendations. The*
25 *recommendations shall specify what can be accomplished pursuant*
26 *to existing administrative authority and what will require*
27 *additional regulations or legislation for implementation.*

28 (2) *The advisory group shall include, but is not limited to,*
29 *representatives from the State Department of Health Care Services,*
30 *the California Health Benefit Exchange, also known as Covered*
31 *California, the California Public Employees' Retirement System,*
32 *the Department of Health Care Access and Information, the State*
33 *Department of Public Health, and the Emergency Medical Services*
34 *Authority. The group shall also include the following:*

35 (A) *Representatives of consumer stakeholders that serve diverse*
36 *populations.*

37 (B) *Substance use disorder treatment experts, researchers, and*
38 *insurers.*

39 (C) *Representatives from clinics that provide primary care.*

40 (D) *Primary care and substance use treatment providers.*

1 (E) Individuals with lived experiences in receiving substance
2 use disorder treatment.

3 (F) Representatives from different diverse groups, including
4 those with different racial, cultural, ethnic, sexual orientation,
5 gender, economic, linguistic, age, disability, and geographical
6 backgrounds, so that the findings and recommendations reflect
7 the communities of California.

8 (3) In order to ensure the most accurate recommendations
9 feasible, the agency shall evaluate the best available scientific,
10 technological, medical, and socioeconomic information on
11 overdose death and addiction to meet the 2031 goal.

12 (b) The agency shall adopt the recommendations provided by
13 the advisory group. In adopting recommendations to achieve the
14 2031 goal, the agency shall review and assess existing health
15 coverage and health insurance treatment policies, practices, and
16 data related to reducing addiction and deaths related to alcohol
17 and drug use, including the applicability and adequacy of existing
18 rules related to parity in coverage for treatment for substance use
19 disorder. The agency shall also consider quality and performance
20 measures to establish minimum standards for effective delivery of
21 substance use disorder services, including all of the following:

22 (1) Access to low barrier models of care for substance use
23 disorders as defined by the federal Substance Abuse and Mental
24 Health Services Administration.

25 (2) Access to pharmacies that can provide addiction medication.

26 (3) Access to primary care providers that can provide addiction
27 medication and treatment.

28 (4) Access to providers that are trained to provide and support
29 models of care- or evidence-based medication.

30 (5) The interaction of comorbidities, such as mental illness or
31 other behavioral health conditions.

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

35 (c) While implementing the goals of this section, the agency
36 shall consult and consider the expertise of representatives from
37 other state agencies that regulate, collect data, or contract with
38 health plans or health insurers, including the State Department
39 of Health Care Services, Covered California, California Public
40 Employees' Retirement System, the Department of Health Care

1 *Access and Information, the State Department of Public Health,*
2 *and the Emergency Medical Services Authority.*

3 *(d) (1) The agency shall provide the Governor and the*
4 *Legislature a report of findings and recommendations related to*
5 *the extent to which the 2031 goal was met and how effective the*
6 *recommendations of the advisory group were. This report shall*
7 *also include recommendations for beyond 2031 that will continue*
8 *to reduce overdose deaths and addiction. The report may include*
9 *all of the following:*

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

17 *(B) Surveys or other measures to assess consumer experience*
18 *and satisfaction.*

19 *(C) New measures and metrics that determine health outcomes.*

20 *(D) Measures of social determinants of health that may*
21 *contribute to substance use disorder treatment efficacy, such as*
22 *housing security, food insecurity, caregiving, and other nonmedical*
23 *determinants of health.*

24 *(E) Other existing child and adult quality or outcome measures*
25 *that the committee determines are appropriate.*

26 *(2) The report shall also include the information considered*
27 *under subdivision (b) and the information and expertise from the*
28 *entities listed under subdivision (c).*

29 ~~SECTION 1. Section 108770 of the Health and Safety Code~~
30 ~~is amended to read:~~

31 ~~108770. (a) It is unlawful for a person to distribute or sell a~~
32 ~~toxic household product or cause a toxic household product to be~~
33 ~~distributed or sold in this state if it does not meet the requirements~~
34 ~~of this chapter.~~

35 ~~(b) The prohibition described in subdivision (a) shall not apply~~
36 ~~to a person engaged in the business of wholesale or retail~~
37 ~~distribution of a toxic household product, unless the person is~~
38 ~~engaged in the manufacture of the product, or has knowledge that~~
39 ~~a toxic household product that they are distributing or selling is in~~
40 ~~violation of this chapter.~~

- 1 (e) ~~This section does not exempt a distributor of a house brand~~
- 2 ~~from any provision of this chapter.~~

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