

2018 California Opioid Legislation

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MEDICATION-ASSISTED TREATMENT ACCESS

[AB 349](#) - SIGNED INTO LAW

Summary: Would grant permanent authority for the Department of Health Care Services (DHCS) to annually establish and update the statewide maximum allowable reimbursement rates for Drug Medi-Cal (DMC) by means of bulletins or similar instructions; would authorize DHCS to annually establish and update the DMC statewide maximum allowable reimbursement rates by means of bulletins or similar instructions without being required to adopt regulations until July 1, 2020.

Fiscal Impact: negligible costs

Author: McCarty (D-Sacramento)

Sponsor: California Opioid Maintenance Providers

Status: Signed into law

[AB 2384](#) - VETOED

Summary: Would ban prior authorization and other insurer barriers on certain prescriptions for medication-assisted treatment.

Fiscal Impact: assuming this bill only applies to opioid-related treatment, costs of approximately \$24.7 million in net change

Author: Arambula (D-Fresno)

Sponsor: California Medical Association (CMA)

Opposition: America's Health Insurance Plans

AJ Position: Support. This bill will have a direct effect in removing barriers to accessing high-quality, evidence-based care. This includes removing administrative barriers--such as prior authorization and step therapy--for medication-assisted treatment (MAT) as well as ensuring that formularies used by health insurance companies and public payers include all forms of MAT.

[AB 2487](#) - SIGNED INTO LAW

Summary: Would give physicians of choice of continuing medical education (CME) that could lead to overprescribing opioids or CME on treating opioid use disorder; currently, physicians required to take first course.

Fiscal Impact: negligible costs

Author: McCarty (D-Sacramento)

Support: California Chapter of the American College of Emergency Physicians (CA ACEP)

AJ Position: Support. Increasing physician education in opioid dependence will help doctors provide patients with better care and give physicians additional tools to reduce the number of injuries and deaths related to California's opioid epidemic.

REHAB ACCESS

[SB 275](#) - VETOED

Summary: Would require DHCS to convene an expert panel to advise on the development of youth substance use disorder (SUD) treatment, etc, as specified.

Fiscal Impact: Unknown, significant cost pressure to reimburse counties for any increased costs associated with meeting staff competency standards required by this bill. this bill creates cost pressure to provide significant additional funding to provide additional adolescent SUD services

Author: Portantino (D-San Fernando Valley)

Support: California Society of Addiction Medicine (CSAM), Service Employee International Union (SEIU)

Oppose: Department of Finance

[SB 823](#) - SIGNED INTO LAW

Summary: Would require DHCS to adopt the American Society of Addiction Medicine (ASAM) treatment criteria as the minimum standard of care for licensed adult alcoholism or drug abuse recovery or treatment facilities (RTFs) by 2023.

Fiscal impact: Potential increased oversight and enforcement staff costs to DHCS, potentially in the hundreds of thousands of dollars General Fund, to ensure compliance and provide technical assistance to ensure ASAM standards are implemented in licensed treatment facilities.

Author: Hill (D-Palo Alto)

Support: CSAM, SEIU

Oppose: Department of Finance

[SB 992](#) - SIGNED INTO LAW

Summary: Would require all RTFs certified or licensed by DHCS to disclose business relationships to DHCS. Would provide DHCS more oversight authority over RTFs.

Fiscal Impact: Minor and absorbable

Author: Hernandez (D-San Gabriel Valley)

Support: Disability Rights California, Association of California Life & Health Insurance Companies, American Civil Liberties Union (ACLU)

NALOXONE ACCESS

[AB 2256](#) - SIGNED INTO LAW

Summary: Would allow pharmacists to furnish naloxone to law enforcement agencies under certain conditions.

Fiscal Impact: No significant state fiscal impact

Author: Santiago (D-Downtown L.A.)

Support: Los Angeles County Sheriff's Department

[AB 2760](#) - SIGNED INTO LAW

Summary: Would require a prescriber to prescribe naloxone when prescribing high-dose opioids, co-prescribing opioids and benzodiazepine, or when certain other conditions are

met. Would require a prescriber to provide education to patients receiving a naloxone prescription.

Fiscal impact: Negligible

Author: Wood (D-Healdsburg)

Support: McKesson

Opposition: CMA, CA ACEP

OPIOID PRESCRIBING LIMITS

[AB 1753](#) - SIGNED INTO LAW

Summary: Would authorize the Department of Justice to reduce or limit the number of printer vendors used to produce prescription pads.

Fiscal Impact: One-time costs of \$884,000

Author: Low (D-Campbell)

Support: California Life Sciences Association, California Police Chiefs

[AB 1998](#) - DEAD

Summary: Would require every health care practitioner authorized to prescribe opioids to adopt a safe prescribing protocol. The State Department of Public Health to utilize data from CURES to report on progress toward to-be-specified opioid prescription reduction objectives.

Author: Rodriguez (D-Inland Empire)

Support: California Council of Community Behavioral Health Agencies

Opposition: CA ACEP

[AB 2783](#) - SIGNED INTO LAW

Summary: Reconciles differences between California's controlled substance schedules and the corresponding federal controlled substance schedules.

Author: O'Donnell (D-Long Beach)

Sponsor: CA Board of Pharmacy (BOP)

[AB 2789](#) - SIGNED INTO LAW

Summary: Would require that all health care practitioners authorized to issue prescriptions to be capable of electronically prescribing and requires that all prescriptions for controlled substances be transmitted electronically, with exceptions, by January 1, 2022.

Fiscal impact: Negligible

Author: Wood

Support: Pharmacy chains, McKesson, Oregon Community Health Information Network (OCHIN)

Opposed: CMA

[SB 1109](#) - SIGNED INTO LAW

Summary: Would require a warning label on all containers for dispensed prescriptions of opioids that reads: "Caution: Opioid. Risk of overdose and addiction."

Fiscal Impact: Minor and absorbable

Author: Bates (R-Laguna Hills)

Support: Office of the San Diego County District Attorney (sponsor), McKesson, CMA

CURES

[AB 1751](#) - SIGNED INTO LAW

Summary: Would provide a framework for the Controlled Substances Utilization Review and Evaluation System (CURES) to connect with other states that comply with California's patient privacy and data security standards.

Fiscal Impact: One-time costs of \$516,000 and \$2.5 million

Author: Low (D-Campbell)

Support: California Board of Pharmacy, California Pharmacists Association

Opposition: ACLU

Status: senate floor

[AB 1752](#) - DEAD

Summary: Requires all Schedule V controlled substances like cough syrups containing opioids to be monitored in CURES.

Author: Low (D-Campbell)

Sponsor: CA BOP

Opposition: ACLU

[AB 2086](#) - SIGNED INTO LAW

Summary: Would allow prescribers of controlled substances to review a list of patients for whom they are listed as the prescriber in CURES.

Fiscal Impact: Negligible

Author: Gallagher (R-Chico)

Support: CMA, McKesson

Status: Signed into law

PRESCRIPTION DRUG DISPOSAL

[SB 212](#) - SIGNED INTO LAW

Summary: Would require drug-makers or wholesalers to develop and implement a statewide drug and sharps take-back program. Would require the Department of Resources, Recycling and Recovery (CalRecycle) to oversee and enforce each plan. Would preempt local drug take-back programs enacted by an ordinance after April 18, 2018.

Fiscal Impact: \$3 million to implement the provisions of the bill.

Author: Jackson (D-Santa Barbara)

Support: California Product Stewardship Council, California Resource Recovery Association

Oppose: PhRMA

Status: On Governor's desk

SOBER LIVING FACILITIES

AB 2214 - DEAD

Summary: Would establish voluntary certification process for sober living homes.

Author: Rodriguez (D-Inand Empire)

SB 1228 - SIGNED INTO LAW

Summary: Prohibits licensed alcoholism or drug abuse residential treatment facilities, or facility staff, from giving or receiving remuneration or anything of value for the referral of a person who is seeking alcoholism or drug abuse recovery and treatment services.

Author: Lara (D-Long Beach)