

June 25, 2024

MOTION BY SUPERVISOR LINDSEY P. HORVATH

Support for Assembly Bill 2115 (Haney): Expanding Access for Treatment of Opioid Addiction

Los Angeles County (County) is battling the worst drug overdose crisis in its history. The widespread availability of opioids - including fentanyl - have had devastating impacts on communities throughout the County. Over 70% of drug overdoses in the County involved prescription drugs and 90% of these overdoses are directly linked to opioids. Over a ten-year period, the economic burden of opioid-related hospitalizations ballooned from \$698 million to approximately \$2 billion.

In response to this crisis, the Department of Public Health launched its “Reaching the 95% (R95) Initiative.” While substance use disorder (SUD) treatment has been proven to save lives, only approximately 5% of people with SUDs are accessing treatment services. The remaining 95% of people with SUDs who don’t access services either don’t want them or believe that they don’t need help. Additionally, outdated state laws make it harder for people to find patient-centered, low-barrier treatment, particularly medically assisted treatment using methadone.

People with an opioid use disorder (OUD) face multiple barriers to accessing methadone for treatment, as it can only be dispensed in a limited number of situations. Federal Drug

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Enforcement Agency (DEA) recently increased the situations when methadone can be provided and now allows clinics to dispense 72 hours of methadone while referring a person to an opioid treatment program (aka methadone clinic). However, current California law does not fully align with this new DEA flexibility.

Assembly Bill (AB) 2115 (Haney) would address this issue and allow clinics to dispense 72 hours of methadone while referring a person to a methadone clinic. This will allow people increased access to methadone for the treatment of OUD while waiting to enroll in a methadone clinic, such as on weekends and evenings. Overall, this change would lower the barrier to patients receiving opioid withdrawal management services, improve linkage to longer term treatment at methadone clinics, and reduce ongoing opioid use and overdose risk.

With increased access to medically assisted treatment and an expanded provider network, the County and the State will be better able to address the needs of people experiencing OUD.

I, THEREFORE, MOVE that the Board of Supervisors direct the Chief Executive Office's Legislative Affairs and Intergovernmental Relations Branch to express support for Assembly Bill 2115 (Haney), which will allow clinics to dispense 72 hours of methadone while referring a person to a methadone clinic.

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