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DPH-SAPC Legislative Report for the Behavioral Health Commission **- March 12, 2026 -**

This report includes updates on Federal policy and legislative updates, as well as a list of bills for the 2025-26 State legislative session. The updates included in this report are not a comprehensive list but highlight legislation and regulatory actions related to Board of Supervisors priorities and with significant anticipated impacts anticipated to DPH-SAPC operations and the public sector substance use disorder (SUD) care system. The Department will continue identifying and analyzing legislation throughout the session.

Federal

- **S. 3588 – School Access to Naloxone Act of 2026**

1/7/26 - Referred to the Committee on Health, Education, Labor, and Pensions.

S 3588 would amend the Public Health Service Act to provide grant funding for trained school personnel to administer drugs and devices for emergency treatment of known or suspected opioid overdose among public and private elementary and secondary schools.

- **H.R. 5462 – The Michelle Alyssa Go Act**

9/18/25 - Referred to the House Committee on Energy and Commerce.

HR 5462 would remove a significant administrative and cost barrier to increasing available behavioral health beds by amending title XIX of the Social Security Act to revise the definition of institution for mental diseases under the Medicaid program to exclude from such definition institutions having 36 beds or less if such institutions meet certain standards.

- **H.R. 6104 – Dark Web Interdiction Act of 2025**

11/18/25 - Referred to the House Committee on the Judiciary, Committee on Energy and Commerce, and House Committee on Financial Services. Further referrals pending.

HR 6104 prohibits the delivery or distribution of controlled substances (i.e. opioids) by means of the dark web, establishes a 2-level sentencing increase for violations, and establishes the Joint Criminal Opioid and Darknet Enforcement Task Force. “Dark web” is defined in the legislation as websites and other network services that leverage overlay networks and specific software and configurations to provide anonymity. An increase in internet anonymity on the dark web has been identified as a hindrance to investigations and prosecutions against the sale of illicit drugs.

State

- **AB 96 – Mental health services: peer support specialist certification (Jackson)**

1/27/26- In Senate Rules Committee for assignment.

AB 96 removes the minimum education requirement of a high school diploma or equivalent degree from the requirements necessary for an applicant to become a certified Medi-Cal Peer Support Specialist. Peer Support Services are culturally competent individual and group services delivered by Certified Medi-Cal Peer Support Specialists. These services augment the SUD treatment services patients receive by promoting recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching designed to set and make progress toward recovery goals.

DPH Analysis: Requiring a high school diploma or equivalent creates an artificial barrier to entry and limits access for individuals with the potential to excel in peer support specialist (PSS) roles. It is evident that the lived experience of peer support specialists in recovering from SUD and mental illness is the crucial component of their role. While the majority of DPH-SAPC's contracted SUD services are provided by SUD counselors, DPH-SAPC currently has over 180 PSS providing contracted SUD services through network provider agencies. DPH-SAPC has noted that the current minimum education requirements have deterred many potential applicants from applying, particularly due to challenges with obtaining decades-old documentation or documentation from schools abroad. This legislation will increase the rate of applicants and strengthen the SUD system workforce.

DPH Position: Watch

County Position: No position taken

CBHDA Position: Support (Sponsor)

- **AB 1088 – Public health: kratom (Bains)**

6/11/25 - Referred to Senate Committee on Health.

AB 1088 would add specified definitions for kratom products and 7-OH products to the Sherman Food, Drug, and Cosmetic Law. It would also prescribe specified quantities of alkaloids present in kratom products and 7-OH products and would establish labeling and packaging requirements for those products. The bill would prohibit the sale of kratom

products and 7-OH products to those under 21 years of age, require packaging and labeling to be child resistant, and require packaging to not be attractive to children, as defined.

DPH Analysis: This bill would provide increased oversight to the sale of kratom and 7-OH products which continues to be a public health concern locally. The provisions in this bill would support efforts to prevent youth from obtaining these products, prevent the misuse of 7-OH, and mitigate risk of overdose. To facilitate implementation and encapsulate the chemical compounds that pose a risk to communities, a refined definition of kratom products is recommended as an amendment.

DPH Position: Watch

County Position: No position taken

CBHDA Position: No position taken

- **AB 1586 – Opioid overdose reversal medication: school resource officers (Ramos)**

1/15/26 - From printer. Pending referral.

AB 1586 requires school districts, county offices of education, and charter schools to ensure that each school resource officer, while on duty, carries an opioid antagonist to provide emergency treatment. School resource officers would also have to complete an opioid overdose recognition and response training upon assignment and every two years thereafter. Lastly, it would require DHCS to provide implementation guidance on accessing opioid antagonists at low or no cost and integrating overdose response into school safety planning. School resource officers and their employing or contracting entity will not be held liable in a civil action or be subject to criminal prosecution for their acts or omissions unless those constitute gross negligence or willful and wanton misconduct.

DPH Analysis: Opioid antagonists or opioid overdose reversal medications (OORMs), such as naloxone, have been available over the counter and are permitted to be administered by laypeople since 2023. It is important to integrate use of OORMs within schools' training to create an efficient system to recognize and respond to overdoses among youth. Preparing school resource officers on how to respond will provide more opportunities to prevent overdose and death. Decreasing overdose deaths through targeted prevention efforts remains a critical focus of LA County.

DPH Position: Watch

County Position: No position taken

CBHDA Position: Support

- **AB 1779 – Alcoholism and drug abuse recovery and treatment programs: inducement of participants (Davies)**

2/23/26 - Referred to Assembly Health Committee.

AB 1779 addresses alcohol and drug recovery programs by mandating rules for air transportation, ensuring return tickets, and prohibiting any form of remuneration to influence participation in treatment or recovery programs. Remuneration would include, but is not limited to, stipends or gift cards.

DPH Analysis: Incentivizing engagement with gift cards or some other incentive is known as contingency management and is an evidence-based intervention for stimulant use disorders. California was also the first state in the nation to be approved for an 1115 waiver to fund contingency management through Medicaid. While AB 1779 seems to try to focus on the “bad actors” and patient brokers, the approach raises policy concerns for the Contingency Management program. The bill would effectively prohibit contingency management and disrupt the systems of care in place for stimulant use disorders, which has shown to be effective in Los Angeles County.

DPH Position: Watch

County Position: No position taken

CBHDA Position: Watch

- **AB 1879 – Substance use: treatment or residential data reporting (Dixon)**

2/13/26 - May be heard in committee March 15.

Beginning January 1, 2028, AB 1879 would require an alcohol or other drug (AOD) facility licensed by the Department of Health Care Services (DHCS), an AOD program licensed or certified by DHCS, or a recovery residence to submit to DHCS the number of individuals receiving treatment services from, or residing in, the respective entity; whether an individual had previously received treatment services from, or resided in, an entity of that category; and the duration of treatment or residential period for each individual within the respective entity. DHCS will then be required to collect this data and publish an annual report on DHCS website, excluding personally identifiable information.

DPH Analysis: This bill would impact programs and facilities within SAPC's network, which already report on the requested information this bill proposes. Requiring additional reporting for the same items will lead to duplicative information and an increase of workload for facility staff without a source of funding provided for implementation. The behavioral health system is already navigating funding requirements and impacts from HR 1, Proposition 1 (The Behavioral Health Services Act), and Behavioral Health Transformation; introducing duplicative reporting requirements and omitting additional funding would only further strain workforce capacities and create additional administrative burdens for programs/facilities. Additionally, although disclosure of SUD records without patient consent is prohibited under 42 CFR Part 2, most recovery residences are not subject to Part 2 protections or HIPAA privacy requirements because they do not provide SUD services, nor are they certified/licensed by DHCS. Therefore, it would be inappropriate to require them to share client information with DHCS and for DHCS to publicize that data since they do not have jurisdiction over these residences. Furthermore, the data that this bill proposes to publicize may lead to the effectiveness of the program/facility being called into question based on the numbers aggregated for a program/facility for any given year. SUD and SUD treatment is already heavily stigmatized, data on clients' recovery journeys should not be publicized without an essential cause. It would open the door for local jurisdictions to scrutinize programs. Instead, the focus should be on maintaining a wide availability of AOD programs/facilities that can treat individuals with a SUD in all communities.

DPH Position: Watch

County Position: No position taken

CBHDA Position: Oppose

- **AB 2076 – The Parent’s Accountability and Child Protection Act: online marketplaces: nitrous oxide (Lowenthal)**

2/19/26 - Pending referral.

AB 2076 would add nitrous oxide to the list of specified products or services that requires a person or business to verify that the purchaser is of legal age at the time of purchase or delivery. It would also prohibit an online marketplace from offering nitrous oxide for sale to any customer located in California.

DPH Analysis: This bill would effectively limit the sale of nitrous oxide across the state to adults over the age of 18 and prohibit the online sale of nitrous oxide to anyone in California. Nitrous oxide, though used for legitimate purposes in the medical and dental industries, continues to be a concern for its high risk of misuse, particularly among youth who obtain it for recreation. Prohibitions against the sale of nitrous oxide are limited in California, though several local jurisdictions have taken steps to ban its retail. This bill prioritizes the protection of youth by preventing easy access to nitrous oxide and preventing the risk of overdose and deaths as a result of recreational use.

DPH Position: Watch

County Position: No position taken

CBHDA Position: No position taken

- **SB 490 – Alcohol and drug programs (Umberg)**

1/26/26 - In Assembly. Read first time. Held at Desk.

SB 490 requires DHCS to initiate an investigation within 10 days of receiving an allegation and complete the investigation within 60 days of initiating the investigation. It would authorize DMC-ODS counties’ behavioral health agency to request approval from DHCS to conduct a site visit of a recovery residence that is alleged to be operating without a license. Furthermore, it would require DHCS to conduct a site visit of a certified program or licensed facility that has disclosed specified interest in the recovery residence. No later than July 15, 2026, and by July 15th each year thereafter, all programs certified or facilities licensed by DHCS must submit a report of all money transfers between the program or facility and a recovery residence during the previous fiscal year.

DPH Analysis: This bill is a reiteration of SB 35 that was introduced in 2025 by Senator Umberg. The level of oversight that SB 490 proposes for recovery residences does not exist for healthcare facilities or housing and serves to stigmatize recovery residences as a type of housing, as recovery residences only function as a dwelling and are not required by law to obtain licensure or certification. Site visits may come in conflict with the Fair Employment and Housing Act (FEHA) (Article 2 Housing Discrimination commencing with GOV § 12955). Furthermore, there have not been any substantial findings of AOD licensees risking their licenses over lower level of care environments. The state continues to struggle with a

shortage of providers for SUD treatment, and this additional oversight may only add to deterrents. It is likely that DHCS would delegate the responsibility of investigating recovery residences to county behavioral health agencies due to the bill's proposed timelines, despite counties having no jurisdiction over the facilities, increasing workload without providing implementation funding.

DPH Position: Watch

County Position: No position taken

CBHDA Position: Oppose

- **SB 758 – Public health: nitrous oxide (Umberg)**

1/27/26 - In Assembly. Read first time. Held at Desk.

SB 758 prohibits cigarette and tobacco product retailers from selling nitrous oxide in any retail location. A retailer does not include a grocery store or a general retail merchandise store with a grocery department.

DPH Analysis: This bill seeks to stop smoke shops from selling nitrous oxide, which is critical due to the growing popularity of misuse among youth and the increasingly widespread availability of nitrous oxide within smoke shops. SB 758 would address this issue by removing the presence of nitrous oxide from where it is most commonly acquired. This bill would limit access to nitrous oxide in communities, strengthen prevention efforts through specific retail restrictions, and decrease the risk of nitrous oxide-related overdoses and deaths.

DPH Position: Watch

County Position: No position taken

CBHDA Position: No position taken

- **SB 1060 – Alcohol and drug treatment facilities (Valladares)**

2/26/26 - Referred to the Senate Health Committee.

SB 1060 would prohibit an alcohol or other drug program or treatment facility from operating within 1,000 feet of a public or private elementary or secondary school, or a daycare center if the recovery or treatment facility serves more than 6 residents and treatment is being provided at the facility. This is an urgency bill that would take effect in statute immediately.

DPH Analysis: This bill would limit the locations where SUD treatment facilities can operate, thus limiting access to treatment across communities in California. The author argues that operating SUD treatment facilities in close proximity to schools creates safety hazards for school children, yet numerous studies have found that these programs and facilities are not dangerous for neighborhoods and actually decrease crime in the respective area. The bill would shrink access to care and perpetuate stigmas surrounding addiction. SUD treatment facilities are located in areas of need in order to support healthier communities and strengthen public safety; this bill will decrease the likelihood of individuals entering and remaining in treatment by creating barriers for facilities to operate and narrowing

convenience of location. A number of existing SUD treatment facilities in LA County are currently located within 1,000 feet of schools and/or daycare centers; these would be forced to relocate or close altogether. Additionally, no funding is provided for implementation or relocation assistance nor are there any grandfather clauses for existing AOD programs, making facility closure the likely option. At a time when the SUD system already faces critical bed shortages, this bill would further reduce the behavioral health system's ability to respond to the needs of communities and prevent SUD-related deaths.

DPH Position: Watch

County Position: No position taken

CBHDA Position: Oppose