



BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
County Health Officer

ANISH P. MAHAJAN, M.D., M.S., M.P.H.
Chief Deputy Director

GARY TSAI, M.D.
Bureau Director
Substance Abuse Prevention and Control Bureau
1000 South Fremont Avenue, Building A-9 East, 3rd Floor, Box 34
Alhambra, California 91803
TEL (626) 299-4101 • FAX (626) 458-7637
www.publichealth.lacounty.gov



BOARD OF SUPERVISORS

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Lindsey P. Horvath
Third District

Janice Hahn
Fourth District

Kathryn Barger

DPH-SAPC Legislative Report for the Commission on Alcohol and Other Drugs - May 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. 545 Combatting Illicit Xylazine Act**
4/15/26 - Placed on Senate Legislative Calendar under General Orders.
S 545 would prohibit the illicit use of xylazine by classifying xylazine as a Schedule III substance of the Controlled Substances Act and requires certain reporting to be submitted to Congress on the prevalence and impacts of illicit use of xylazine in the U.S.
- **S. 3588 – School Access to Naloxone Act of 2026**
3/19/26 - In 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 amend Title XIX of the Social Security Act and revise the definition of ‘institution for mental diseases’ under the Medicaid program to exclude institutions that have 36 beds or less, removing a significant administrative and fiscal barrier to increasing available behavioral health beds.
- **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 1556 – Recovery residences: funding (Haney)**

4/22/26 – Re-referred to Assembly Committee on Appropriations.

As amended on 4/23/26:

AB 1556 would require a recovery residence to satisfy the core components of Housing First and National Association of Recovery Residences (NARR) Standards, among other requirements, to be eligible for state funding. Recovery-oriented residences are supportive or temporary housing options which emphasize abstinence.

DPH Analysis: As currently defined in law, a recovery residence is a residential dwelling that provides primary housing for individuals who seek a cooperative living arrangement that supports personal recovery from a substance use disorder and that does not require licensure by the department or does not provide licensable services. This bill would clarify existing law to allow recovery-oriented residences to be eligible for state funding conditional upon meeting nationally recognized, evidence-based standards. This change would expand access to this important and often missing option in the continuum of care, while also requiring key quality standards, goals in alignment with Los Angeles County SUD and housing access initiatives. Making the definition for recovery residences in the bill consistent with the existing definition in Health and Safety Code would provide additional clarity. Amendments on 4/23 replace references to the United States Department of Housing and Urban Development’s Recovery Housing Policy Brief with the Interagency Council on Homelessness guidance document “Implementing Recovery Housing in Alignment with California Housing First Requirements” published in July 2025 and makes other clarifying changes.

DPH Position: Watch

County Position: No position taken

CBHDA Position: Support, if amended

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

3/24/26 - Re-referred to Assembly Committee on Appropriations.

As amended on 3/23/26:

AB 1586, beginning in the 2027-2028 school year, requires a school resource officer to complete an opioid overdose recognition and response training upon assignment to a school site and every two years thereafter. It would also require a school resource officer to annually report to the Commission on Peace Officer Standards and Training the number of times the school resource officer administered an opioid antagonist while serving at a school site. 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. 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. The bill would require the commission, on or before January 1, 2031, to submit an annual report to the Legislature with the information annually reported by school resource officers.

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 1669 – Student health: leaves of absence: mental health**

4/20/26 - Re-referred to Assembly Committee on Appropriations.

As amended 4/16/26:

AB 1669 requires all post-secondary educational institutions to adopt a written policy to allow a student to take a voluntary medical leave of absence for a period determined by the institution or one academic year, whichever is longer. It also requires these institutions to provide reasonable accommodations to a student facing a medical challenge without requiring the student provide documentation of the medical challenge. Students will not be required to submit an official notice of withdrawal from the institution during the medical leave of absence. It also requires institutions to provide the medical leave of absence policy to students and all employees via email at the beginning of each academic semester or term.

DPH Analysis: AB 1669 specifies that “medical” includes health and mental health related issues, including but not limited to anxiety, depression, eating disorders, and substance use disorders. Providing grace for students to address substance use disorders will have a significant impact on the student’s academic success and socioeconomic status. This bill

would mitigate a major barrier to SUD care among college students by removing the possibility of risking one's academic standing to attend a SUD treatment program.

DPH Position: Watch

County Position: No position taken

CBHDA Position: No position taken

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

4/22/26 - Re-referred to Assembly Committee on Appropriations with recommendation to Consent Calendar.

As amended 4/23/26:

AB 1779 would prohibit any form of remuneration to influence participation in treatment or recovery programs and adds restrictions on housing and transportation provided to participants. Remuneration would include, but is not limited to, stipends or gift cards. This would not apply to clinically appropriate, evidence-based therapeutic incentives, including contingency management offered to eligible Medi-Cal members as part of the Drug Medi-Cal Organized Delivery System (DMC-ODS).

DPH Analysis: Contingency management provides incentives for meeting treatment goals, rewarding individuals for changing their behavior, and is [the only available and effective evidence-based intervention for stimulant use disorders \(StimUD\)](#). California was the first state in the nation to be approved for a [Federal Centers for Medicare and Medicaid \(CMS\) Section 1115 waiver](#) to fund contingency management through Medicaid. Contingency management programs have strict oversight and structure through designated trained staff and objective verification. Los Angeles County is one of the twenty-five participating DMC-ODS counties which launched the contingency management benefit in 2023. Amendments made on 4/23 clarify that the bill's prohibition on remuneration would not apply to contingency management offered through DMC-ODS, preserving the evidence-based practice.

DPH Position: Watch

County Position: No position taken

CBHDA Position: Watch

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

4/22/26 - Re-referred to Assembly Committee on Appropriations.

As amended 4/23/26:

Beginning January 1, 2028, AB 1879 would require an alcohol or other drug (AOD) facility licensed by the Department of Health Care Services (DHCS) and an AOD program certified by DHCS to submit to DHCS the treatment and outcome information and treatment availability information consistent with the requirements of the California Outcomes Measurement System Treatment (CalOMS Tx) system and the Drug and Alcohol Treatment Access Report (DATAR). These requirements would not apply to entities contracted to provide Medi-Cal treatment services or contracted with DHCS, a county behavioral health department, a county substance use disorder division for the provision of substance use

disorder service, or that is otherwise required to submit data to a county through the CalOMS Tx system.

DPH Analysis: Amendments on 4/23 clarify that the reporting requirements would not apply to licensed AOD facilities or certified AOD programs that are contracted with SAPC, removing the potential for any redundant reporting requirements.

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)**

4/13/26 - Re-referred to Assembly Committee on Appropriations.

As amended on 4/9/26:

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 seller from allowing a purchaser to use a gift card for specified products or services that are illegal to sell to a minor.

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 936 – Nitrous oxide: sales (Blakespear & Umberg)**

4/24/26 - Hearing set for Senate Committee on Appropriations.

As amended 4/8/26:

SB 936 would make it unlawful for any person to knowingly sell or distribute a nitrous oxide container that is capable of holding more than 8 grams of nitrous oxide, a nitrous oxide container which an individual may directly inhale nitrous oxide, nitrous oxide that has or is marketed to have the taste or smell of food, or a device that allows an individual to inhale from a nitrous oxide container.

DPH Analysis: The sale of nitrous oxide remains widespread in Los Angeles and across the state. SB 936 provides an opportunity to strengthen prevention efforts and get ahead of what is emerging as a nitrous oxide misuse crisis by curtailing access to nitrous oxide products in smoke shops. This legislation will stop retailers from selling nitrous oxide products and devices that increase hazardous health and safety outcomes, particularly among youth.

DPH Position: Watch

County Position: No position taken

CBHDA Position: No position taken

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

4/6/26 - Hearing cancelled at the request of the author.

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