



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 Behavioral Health Commission

- February 4, 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

- **E.O. 14379 – Addressing Addiction Through the Great American Recovery Initiative**

1/30/26 - Signed by the President

Establishes the White House Great American Recovery Initiative, a federal effort tasked with coordinating the administration's efforts on the matter. The initiative will be led by the United States Department of Health and Human Services (HHS), which will work in conjunction with other federal agencies and officials. The initiative would advise federal agencies on how to implement programs regarding substance use prevention, early intervention, treatment, recovery support, and re-entry, among other efforts. Additionally, the program would advise federal agency leaders on how to direct grants supporting addiction recovery.

Due to the potential effects this initiative will have on programming, reporting requirements, grants, reorganization and more, moderate impacts are anticipated for DPH-SAPC. There may be opportunities to further collaborate with the federal government on SUD system matters, as the EO directs the initiative to consult with local jurisdictions for best practices. The initiative's role in advising how agencies direct grants should be monitored, as existing SUD grants may be impacted such as the Substance Use Prevention,

Treatment, and Recovery Services Block Grant (SUBG) from Substance Abuse and Mental Health Services Administration (SAMHSA) of which DPH-SAPC receives \$60 million from annually. Under this Initiative, as of February 2, the HHS Administration for Children and Families (ACF) has added the FDA approved Medications for Opioid Use Disorder (MOUD) buprenorphine, methadone, and naltrexone as prevention services eligible for funding which supports children and families involved with the child welfare system. All three FDA-approved MOUD are well-established, evidence-based tools that support recovery, promote family stability, and reduce risk factors associated with child welfare system involvement. States and tribes can now receive a 50 percent federal match to provide these MOUDs to parents when children are at imminent risk of entering foster care but can remain safely in the home or in a kinship placement with access to these treatments. Additional impacts will be assessed as operationalizing language is made available.

- **H.R. 7148 – Consolidated Appropriations Act, 2026**

2/3/26 -Signed by the President.

The Continuing Resolution (HR 5371) that ended the fall government shutdown expired on January 30, 2026, requiring Congress to pass legislation establishing funding levels to avoid another full government shutdown. A partial government shutdown occurred between January 31, 2026 and February 3, 2026 while Congress negotiated a funding package. Appropriations for the Department of Homeland Security (DHS) were separated from the funding package to allow other departments to proceed while negotiations for DHS funding continues.

HR 7148 funds several federal departments including Health and Human Services (HHS). The package maintains critical monetary investments in public health at the Centers for Disease Control and Prevention (CDC) and investments in behavioral health services at the SAMHSA. The overall appropriation allocated to HHS and its agencies are largely positive, with modest budgetary increases for key funding streams to SAPC including the Substance Use Prevention, Treatment, and Recovery Services Block Grant. Substantial funding cuts that were previously proposed in the President’s FY 2026 budget request have been rejected, including proposals to restructure departments within public health agencies and consolidate and reduce the SUBG, Mental Health Block Grant (MHBG), and State Opioid Response (SOR) fund. Together, these funds represent the lion share of behavioral health funding for Los Angeles County and for local continuums of care nationwide.

- **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

The legislature reconvened on January 5, 2026, kicking off the second year of a two-year legislative cycle. Several bills from 2025 have returned as two-year bills and may continue to move through the legislature, as well as newly introduced bills. The Department will continue identifying and analyzing legislation that may impact DPH-SAPC operations and the public sector substance use disorder care system. The deadline for bills to be introduced is February 20.

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

1/15/26 - From printer. May be heard in committee February 14.

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

- **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 proposed 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 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). There have not been 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 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. This bill would limit access to nitrous oxide in communities, strengthening prevention efforts through specific retail restrictions, and decrease the risk of nitrous oxide-related overdoses and deaths which is a priority for LA County.

DPH Position: Watch

County Position: No position taken

CBHDA Position: No position taken

Two-Year Bills

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

1/27/26- In Senate. Read first time. To Committee on Rules 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: Support

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. It would also require packaging and labeling to be child resistant and not attractive to children.

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.

DPH Position: Support if Amended

County Position: No position taken

CBHDA Position: No position taken