

File No. 240379

Committee Item No. \_\_\_\_\_

Board Item No. 36

# COMMITTEE/BOARD OF SUPERVISORS

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Date: \_\_\_\_\_

Board of Supervisors Meeting

Date: April 23, 2024

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- Assembly Bill 2115 - 4/1/24 \_\_\_\_\_
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- \_\_\_\_\_
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Prepared by: Lisa Lew

Date: April 19, 2024

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

1 [Supporting California State Assembly Bill No. 2115 (Haney) - Enhancing Methadone  
Treatment Access]

2

3 **Resolution urging support of California State Assembly Bill No. 2115: Enhancing**  
4 **Methadone Treatment Access, introduced by Assembly Member Matt Haney, and**  
5 **urging its passage and implementation.**

6

7 WHEREAS, 2023 was the deadliest year on record for overdose deaths in San  
8 Francisco; and

9 WHEREAS, Residents of San Francisco face a dire overdose crisis, with Black/African  
10 American individuals experiencing a four-fold increased rate of fatal overdose compared to  
11 their non-Hispanic white counterparts; and

12 WHEREAS, California is grappling with a significant public health epidemic marked by  
13 the doubling of preventable drug-related overdose deaths since 2017, with nearly 6,000  
14 fatalities in 2021 attributed to opioid-related overdoses; and

15 WHEREAS, Expanding access to methadone treatment has been proven to reduce  
16 overdose mortality, enhance treatment engagement, and mitigate harm associated with drug  
17 use; and

18 WHEREAS, Individuals grappling with opioid use disorder (OUD) confront numerous  
19 obstacles in accessing methadone treatment, as current California law does not fully align  
20 with new federal rules; and

21 WHEREAS, Assembly Bill 2115 (Haney) seeks to rectify this disparity by syncing state  
22 law with federal regulations, enabling clinics to dispense 72 hours of methadone while  
23 referring individuals to methadone clinics; and

24

25

1           WHEREAS, With increased access to methadone treatment, the City and County of  
2 San Francisco and Department of Public Health will be more equipped to address the needs  
3 of individuals suffering from opioid addiction; and

4           WHEREAS, In expanding access to methadone treatment, individuals struggling with  
5 opioid addiction will have greater support in managing cravings and withdrawal symptoms,  
6 thereby reducing the likelihood of relapse and associated overdose incidents; and

7           WHEREAS, This adjustment would foster timely and efficient referrals—especially on  
8 evenings and weekends—to longer-term treatment options available at methadone clinics, so  
9 that patients can experience smoother continuity of care, improving odds that they have  
10 access to comprehensive treatment services essential for sustained recovery; and

11           WHEREAS, The proposed modification addresses immediate barriers to treatment  
12 access while also laying the groundwork for improved treatment outcomes and public health  
13 outcomes; now, therefore, be it

14           RESOLVED, That the Board of Supervisors of the City and County of San Francisco  
15 supports Assembly Bill 2115 (Haney), which increases access to methadone by aligning state  
16 law with federal rules; and, be it

17           FURTHER RESOLVED, That the Board of Supervisors urges the California State  
18 Legislature to pass AB 2115 unamended and for Governor Gavin Newsom to sign AB 2115  
19 into law; and, be it

20           FURTHER RESOLVED, That the Board of Supervisors directs the Clerk of the Board  
21 to send a copy of this Resolution upon final passage to the offices of San Francisco’s State  
22 Legislative delegation, the City Lobbyist, and the Governor’s Office.

AMENDED IN ASSEMBLY APRIL 1, 2024

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2115**

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**Introduced by Assembly Member Haney**

February 5, 2024

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An act to amend Section 4184 of the Business and Professions Code, and to add Section 11839.35 to the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

AB 2115, as amended, Haney. Controlled substances: clinics.

Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy and makes a violation of the act a crime. Under existing law, specified clinics, including surgical clinics, may purchase drugs at wholesale for administration or dispensing to the clinic's patients. Existing law requires these clinics to maintain certain records and to obtain a license from the board. Existing law prohibits specified substances from being dispensed by a nonprofit or free clinic, as defined.

This bill would authorize a nonprofit or free clinic to dispense a narcotic drug for the purpose of relieving acute withdrawal symptoms while arrangements are being made for referral for treatment, as described, and would require the clinic dispensing the narcotic to be subject to specified labeling and recordkeeping requirements. Because the bill would specify additional requirements under the Pharmacy Law, a violation of which would be a crime, it would impose a state-mandated local program.

*Existing law requires the State Department of Health Care Services to regulate and license narcotic treatment programs, including in the*

*use of narcotic replacement therapy and medication-assisted treatment. Existing regulation specifies certain requirements and considerations for a patient to be eligible for treatment at a licensed narcotic treatment program, such as a medical evaluation conducted by the program, laboratory tests for disease, and minimum monthly participation in counseling, among others. Existing regulation also imposes specified criteria to be considered before a patient is eligible for take-home doses of medication, requires revocation of those privileges if a patient tests positive for illicit substances on 2 consecutive monthly samples, and prescribes criteria for the restoration of those privileges, including test results that are negative for illicit substances. Existing regulation requires a patient who is absent from a program for 2 weeks without contacting the program be terminated from the program.*

*This bill would specify that medical evaluation may be conducted by any health care provider, if it is verified by a narcotic treatment program practitioner, would authorize a program to allow patients to refuse or delay laboratory tests for disease, and would state that a patient receiving maintenance treatment is not precluded from receiving medication by a refusal to participate in counseling. The bill would revise the criteria to be considered prior to providing a patient with take-home medication privileges to include the absence of active substance use disorders and known recent diversion activity and the regularity of attendance for supervised medication administration, among others. The bill would state that a practitioner is not required to restrict a patient's take-home medication privileges if the patient tests positive for an illicit substance as described above and a practitioner is not required to establish a specified number of negative tests to restore those privileges to a patient. The bill would authorize a program to allow a patient to be absent from the program for up to 30 days without contact before requiring that they be terminated from the program.*

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 4184 of the Business and Professions  
2 Code is amended to read:

3 4184. (a) Except as described in subdivision (b), a Schedule  
4 II controlled substance shall not be dispensed by the clinic. This  
5 limitation does not prohibit a physician dispensing a Schedule II  
6 drug to the extent permitted by law.

7 (b) A clinic may dispense a Schedule II controlled substance if  
8 the substance being dispensed is a narcotic drug for the purpose  
9 of relieving acute withdrawal symptoms when necessary while  
10 arrangements are being made for referral for treatment consistent  
11 with Section 1306.07(b) of Title 21 of the Code of Federal  
12 Regulations.

13 (c) A clinic dispensing a Schedule II controlled substance  
14 pursuant to subdivision (b) is subject to the labeling requirements  
15 imposed upon pharmacists by Section 4076, the recordkeeping  
16 requirements of this chapter, and all of the packaging requirements  
17 of good pharmaceutical practice, including, but not limited to, the  
18 use of childproof containers.

19 *SEC. 2. Section 11839.35 is added to the Health and Safety*  
20 *Code, to read:*

21 11839.35. (a) *A medical evaluation of a patient prior to*  
22 *admittance to a detoxification or maintenance treatment may be*  
23 *conducted by any health care provider, if it is verified by a narcotic*  
24 *treatment program practitioner as true and accurate and it is*  
25 *transmitted in accordance with all applicable privacy laws.*

26 (b) *A narcotic treatment program may authorize a patient to*  
27 *decline laboratory testing for disease or may authorize a patient*  
28 *to complete that testing within two weeks of the date of admittance*  
29 *to the program.*

30 (c) *A narcotic treatment program shall not deny a patient*  
31 *maintenance treatment due to the length of time a person has been*  
32 *addicted to opiates.*

33 (d) *A patient receiving maintenance treatment is not precluded*  
34 *from receiving medication for opiate use disorder by refusing to*  
35 *participate in counseling services.*

36 (e) *A narcotic treatment program practitioner shall update a*  
37 *patient's treatment plan annually.*

1     (f) *The initial dose of methadone provided to a patient in a*  
2 *narcotic treatment program shall not exceed 50 milligrams unless*  
3 *the practitioner finds sufficient medical rationale that a higher*  
4 *dose is clinically indicated. The practitioner shall document that*  
5 *rationale in the patient's records.*

6     (g) *Notwithstanding subdivision (b) of Section 11839.3, a*  
7 *decision to dispense take-home doses of narcotic replacement*  
8 *therapy medications shall be determined by a medical practitioner,*  
9 *who shall consider, among other pertinent factors, all of the*  
10 *following criteria:*

11     (1) *The absence of active substance use disorders, other physical*  
12 *or behavioral health conditions that increase the risk of patient*  
13 *harm as it relates to the potential for overdose, or the ability to*  
14 *function safely.*

15     (2) *The regularity of attendance for supervised medication*  
16 *administration.*

17     (3) *The absence of serious behavioral problems that endanger*  
18 *the patient, the public, or others.*

19     (4) *The absence of known recent diversion activity.*

20     (5) *Whether take-home medication can be safely transported*  
21 *and stored.*

22     (6) *Any other criteria that the medical director or medical*  
23 *practitioner considers relevant to the patient's safety and the*  
24 *public's health.*

25     (h) *A decision to dispense take-home medication shall not be*  
26 *contingent on the length of time a patient has participated in*  
27 *treatment. A patient eligible for take-home medication may receive*  
28 *up to a seven-day take-home supply of medication. After 15 days*  
29 *of treatment, a patient may receive up to a two-week take-home*  
30 *supply of medication, and after 31 days in treatment may receive*  
31 *a 28-day take-home supply of medication.*

32     (i) *A medical practitioner is not required to restrict a patient's*  
33 *take-home medication privileges if that patient's monthly bodily*  
34 *specimen has tested positive for illicit drugs in two consecutive*  
35 *months.*

36     (j) *In restoring a patient's take-home medication privileges, a*  
37 *practitioner is not required to impose any requirement that the*  
38 *patient's monthly bodily specimen test negative for illicit drugs*  
39 *for any specified period of time.*

1     *(k) A patient may be absent from a maintenance treatment*  
2     *program for up to 30 days, without contacting the program.*

3     *(l) The department shall review existing regulations promulgated*  
4     *pursuant to this chapter and remove outdated, stigmatizing*  
5     *language and obsolete references.*

6     ~~SEC. 2.~~

7     SEC. 3. No reimbursement is required by this act pursuant to  
8     Section 6 of Article XIII B of the California Constitution because  
9     the only costs that may be incurred by a local agency or school  
10    district will be incurred because this act creates a new crime or  
11    infraction, eliminates a crime or infraction, or changes the penalty  
12    for a crime or infraction, within the meaning of Section 17556 of  
13    the Government Code, or changes the definition of a crime within  
14    the meaning of Section 6 of Article XIII B of the California  
15    Constitution.



**From:** [Hernandez, Melissa G \(BOS\)](#)  
**To:** [BOS Legislation, \(BOS\)](#)  
**Cc:** [Preston, Dean \(BOS\)](#)  
**Subject:** RE: Introduction - Expanding Methadone Treatment  
**Date:** Wednesday, April 17, 2024 1:54:47 PM  
**Attachments:** [image001.png](#)  
[Text - AB 2115 - Haney.pdf](#)

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Hi Lisa,

The changes are approved. Please see the attached copy of AB 2115. California State Association of Counties and League of Cities have not yet taken a position on this bill.

Best,  
Melissa

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**From:** BOS Legislation, (BOS) <bos.legislation@sfgov.org>  
**Sent:** Wednesday, April 17, 2024 1:44 PM  
**To:** Hernandez, Melissa G (BOS) <melissa.g.hernandez@sfgov.org>; BOS Legislation, (BOS) <bos.legislation@sfgov.org>  
**Cc:** Preston, Dean (BOS) <dean.preston@sfgov.org>  
**Subject:** RE: Introduction - Expanding Methadone Treatment

Hi Melissa,

Please see attached draft with clerical edits to the legislation. Kindly review and let us know these changes are acceptable. Also please provide the following support documents:

- Copy of AB 2115
- Confirm that organizations such as the California State Association of Counties and League of California Cities have not taken a position on these bills. If they have, please provide a copy of their statement for completeness of the file

Thank you.

**Lisa Lew**  
San Francisco Board of Supervisors  
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San Francisco, CA 94102  
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**(VIRTUAL APPOINTMENTS)** To schedule a “virtual” meeting with me (on Microsoft Teams), please ask and I can answer your questions in real time.



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**From:** Hernandez, Melissa G (BOS) <[melissa.g.hernandez@sfgov.org](mailto:melissa.g.hernandez@sfgov.org)>

**Sent:** Tuesday, April 16, 2024 4:04 PM

**To:** BOS Legislation, (BOS) <[bos.legislation@sfgov.org](mailto:bos.legislation@sfgov.org)>

**Cc:** Preston, Dean (BOS) <[dean.preston@sfgov.org](mailto:dean.preston@sfgov.org)>; Fieber, Jennifer (BOS) <[jennifer.fieber@sfgov.org](mailto:jennifer.fieber@sfgov.org)>; Prager, Jackie (BOS) <[jackie.prager@sfgov.org](mailto:jackie.prager@sfgov.org)>; Lopez-Weaver, Lindsey (BOS) <[Lindsey.Lopez@sfgov.org](mailto:Lindsey.Lopez@sfgov.org)>; Ebadi, Mahanaz (BOS) <[mahanaz.ebadi@sfgov.org](mailto:mahanaz.ebadi@sfgov.org)>; Carrillo, Lila (BOS) <[lila.carrillo@sfgov.org](mailto:lila.carrillo@sfgov.org)>

**Subject:** Introduction - Expanding Methadone Treatment

Hello,

Please see the attached resolution and introduction form. I've CC'd Sup. Preston to indicate his approval. I've also CC'd staff for Supervisors Melgar, Ronen, Walton, Safai, and Dorsey to confirm their cosponsorship.

Best,

**Melissa G. Hernandez**

**Legislative Aide**, District 5 Supervisor Dean Preston

**Cell:** 415.763.9604

**Pronouns:** She / They

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## Introduction Form

*(by a Member of the Board of Supervisors or the Mayor)*



I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee (Ordinance, Resolution, Motion or Charter Amendment)
- 2. Request for next printed agenda (For Adoption Without Committee Reference)  
*(Routine, non-controversial and/or commendatory matters only)*
- 3. Request for Hearing on a subject matter at Committee
- 4. Request for Letter beginning with "Supervisor  inquires..."
- 5. City Attorney Request
- 6. Call File No.  from Committee.
- 7. Budget and Legislative Analyst Request (attached written Motion)
- 8. Substitute Legislation File No.
- 9. Reactivate File No.
- 10. Topic submitted for Mayoral Appearance before the Board on

The proposed legislation should be forwarded to the following (please check all appropriate boxes):

- Small Business Commission       Youth Commission       Ethics Commission
- Planning Commission       Building Inspection Commission       Human Resources Department

General Plan Referral sent to the Planning Department (proposed legislation subject to Charter 4.105 & Admin 2A.53):

- Yes                       No

*(Note: For Imperative Agenda items (a Resolution not on the printed agenda), use the Imperative Agenda Form.)*

Sponsor(s):

Subject:

Long Title or text listed:

Signature of Sponsoring Supervisor: