

August 22, 2023

The Honorable Gavin Newsom Governor, State of California 1021 O Street, Suite 9000 Sacramento, CA 95814

RE: Request for Signature – AB 1731 (Santiago)

Dear Governor Newsom:

On behalf of the members of the California Association of Public Hospitals and Health Systems and the millions of patients they serve, I am writing to request your signature on AB 1731 (Santiago). This bill would help streamline care in the emergency department (ED) for opioid use disorder and support providers in their efforts to treat patients as quickly as possible.

California's 21 public health care systems, which include county-operated and affiliated facilities and the five University of California medical centers, are the core of the state's health care safety net, delivering high-quality care to more than 3.7 million patients annually, regardless of ability to pay or insurance status. Public health care systems play an outsized role in caring for at-risk communities. Although they represent just six percent of all California hospitals, public health care systems provide 35% of all Medi-Cal and uninsured hospital care statewide. Public health care systems also provide a range of comprehensive services and train nearly half of all new doctors in hospitals across the state.

Existing law requires providers to consult the Controlled Substance Utilization Review and Evaluation System (CURES) to review a patient's controlled substance history before prescribing Schedule II, Schedule III, or Schedule IV controlled substances to inform their clinical judgement and understand if a patient may have a substance use disorder. There are certain exceptions to this requirement, including when an emergency department provider prescribes a controlled substance, and the quantity does not exceed a non-refillable seven-day supply.

Buprenorphine is a Schedule III drug and is a type of opioid, however, it is used in medicationassisted treatment of opioid use disorder to treat dependance, reduce cravings and improve the quality of life for patients undergoing addiction treatment. The information available in CURES would not influence a provider's decision making around prescribing buprenorphine.

In recent years, ED visits for opioid-related overdoses in California have been increasing rapidly. For example, in 2018 there were roughly 8,830 opioid-related overdose ED visits but by 2021, there were over 21,000.¹ Over the past year, public health care systems and other hospitals have seen an unprecedented level of patients seeking ED care more generally, likely due to delays in care because of the pandemic.

While the requirement to consult CURES and a seven-day limit on other controlled substances makes sense, it does not align with or support buprenorphine prescribing for the treatment of

¹ California Department of Public Health (CDPH). (2023). California overdose surveillance dashboard: California dashboard. *CDPH.* Available at: <u>https://skylab.cdph.ca.gov/ODdash/?tab=CA</u>

opioid use disorder, and it is an unnecessary and time consuming step for care delivery in already stretched emergency departments. The changes proposed in this bill would help to lower the barrier to access buprenorphine-based products and may support a health system's efforts to bridge a patient to outpatient opioid-use disorder programs rather than returning to the ED.

For the reasons described above, we support AB 1731. We would be pleased to further discuss our position with you and answer any questions you may have. Please contact Kelly Brooks-Lindsey, our Sacramento representative, at 916-753-0844 if you would like to follow-up. Thank you for your consideration and leadership on this issue.

Sincerely,

Erica B. Murray President and CEO California Association of Public Hospitals and Health Systems

cc: The Honorable Miguel Santiago Kelly Brooks-Lindsey, Hurst Brooks Espinosa Sam Miller, Deputy Legislative Secretary, Office of Governor Gavin Newsom