

**ASSEMBLY BILL**

**No. 1461**

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**Introduced by Assembly Member Krekorian**

February 23, 2007

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An act to add Article 4.5 (commencing with Section 11774) to Chapter 1 of Part 2 of Division 10.5 of the Health and Safety Code, and to amend Section 10369.12 of the Insurance Code, relating to alcohol and drug abuse.

LEGISLATIVE COUNSEL'S DIGEST

AB 1461, as introduced, Krekorian. Alcohol and drug abuse.

(1) Existing law requires the State Department of Alcohol and Drug Programs to administer certain programs and studies related to alcohol and drug abuse recovery and to license, certify, and regulate alcoholism or drug abuse recovery or treatment facilities.

Existing law requires the department to develop and implement a statewide campaign designed to deter initial and continued use of methamphetamine in California, and authorizes the department to accept voluntary contributions, in case or in-kind, for purposes of this provision. Existing law authorizes the department to develop and implement a limited campaign to deter the abuse of methamphetamine for the 2006–07 fiscal year if the Director of Finance determines that at least \$500,000 of private donations have been collected and deposited into a specified account.

This bill would require the department to initiate and conduct a 2-year pilot project to demonstrate the efficacy and cost effectiveness of a specified early methamphetamine intervention model in identifying and diverting methamphetamine addicts. The bill would require an

unspecified entity to collect and analyze data regarding the pilot project and provide a report as specified.

(2) Existing law authorizes a disability policy to provide that the insurer is not liable for any loss sustained or contracted in consequence of the insured’s being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician.

This bill would exclude a health insurance policy from the application of the above-described provision.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

1 SECTION 1. The Legislature hereby finds and declares all of  
2 the following:

3 (a) The level of methamphetamine use in California constitutes  
4 a significant public health problem.

5 (b) The impact of methamphetamine use falls heavily on our  
6 health care system and emergency rooms are a common portal of  
7 entry for more severe cases.

8 (c) Fifty-six percent of hospitals nationwide say their costs have  
9 risen because of methamphetamine-related patient care, which is  
10 rarely covered by private insurance.

11 (d) Emergency rooms in Los Angeles, San Diego, and San  
12 Francisco reported a 43-percent increase between 1998 and 2002  
13 in medical record mentions of methamphetamine.

14 (e) The U.C. Davis Medical Center has found that  
15 methamphetamine-involved patients using the emergency room  
16 are three times more likely to arrive by ambulance, two and a half  
17 times more likely to require hospitalization, and far less likely to  
18 be insured.

19 (f) Scripps Mercy Hospital in San Diego confirmed that a  
20 screening of trauma patients by a trauma center found that 59  
21 percent were at risk for alcohol and other drug problems.

22 (g) It is well established that brief counseling about addiction  
23 treatment has a significant positive impact during and after periods  
24 of crisis.

25 (h) Emergency room interventions have the potential of engaging  
26 people in treatment before they enter the criminal justice system.

1 (i) Outreach contacts patterned after the public health model  
2 with infectious diseases keep people connected to the healthcare  
3 system while demonstrating a compassionate response to their  
4 suffering.

5 (j) However, emergency room physicians are often reluctant to  
6 order toxicology screens or to diagnose methamphetamine abuse  
7 because of legal implications for the patient, negative insurance  
8 implications for the hospital, a lack of training in substance abuse,  
9 and inadequate resources for referral and followup.

10 (k) California should pilot a methamphetamine early intervention  
11 model that provides adequate circumstances and tools in emergency  
12 rooms, is scalable, is cost effective, and may eventually be  
13 implemented on a statewide basis.

14 (l) The pilot project should be located in one rural and one urban  
15 county so that the impact of services can be evaluated on two  
16 different populations.

17 (m) A pilot program should ensure that emergency room  
18 physicians and pilot project personnel have adequate time,  
19 authority, and training to respond effectively to methamphetamine  
20 abusers in crisis.

21 (n) The confidentiality of test results is required to avoid the  
22 erection of barriers to healthcare for methamphetamine users.

23 (o) The pilot project should focus on ensuring the proper  
24 diagnosis and initiating the appropriate services in the emergency  
25 room so that patients will be encouraged to access care that they  
26 need.

27 SEC. 2. Article 4.5 (commencing with Section 11774) is added  
28 to Chapter 1 of Part 2 of Division 10.5 of the Health and Safety  
29 Code, to read:

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31 Article 4.5. Methamphetamine Deterrence Pilot Program

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33 11774. (a) The department shall initiate and conduct a two-year  
34 pilot project to demonstrate the efficacy and cost effectiveness of  
35 an early methamphetamine intervention model in identifying and  
36 diverting methamphetamine addicts into treatment before they  
37 enter the criminal justice system. In this model, either physicians  
38 and surgeons who specialize in the treatment of addiction or  
39 state-licensed substance abuse counselors, or both, shall assist  
40 emergency room physicians and surgeons in identifying patients

1 for toxicological screening and providing the early intervention.  
2 In addition, outreach workers shall provide followup outreach to  
3 those who receive this initial intervention.

4 (b) (1) The department shall receive applications from counties  
5 that volunteer to participate in the pilot project, and shall select  
6 two counties from these applications. One of the selected counties  
7 shall have population of between 250,000 and 1,000,000 persons.  
8 The other shall have a population of over 1,000,000 persons. To  
9 ensure diversity in county size and to limit the cost of the pilot  
10 project, the smaller county shall have at least one, but no more  
11 than \_\_\_\_ hospital emergency rooms. The larger county shall have  
12 at least \_\_\_\_ but no more than \_\_\_\_ hospital emergency rooms.

13 (2) If more than one county in each population category wishes  
14 to participate in the pilot project, the department shall select the  
15 participating counties based on a formula that includes the number  
16 of annual arrests for methamphetamine sales and use per capita  
17 and the number of persons per capita in treatment annually for  
18 methamphetamine abuse.

19 11774.1. Within the first six months of the pilot project, the  
20 department shall convene a working group of stakeholders,  
21 including, but not limited to, physicians and surgeons who  
22 specialize in addiction medicine, emergency room physicians and  
23 surgeons, licensed substance abuse counselors, and public health  
24 outreach workers. The working group shall refine program  
25 parameters, after review of the Washington State Screening, Brief  
26 Intervention, Referral, and Treatment Program which was funded  
27 through the federal Center for Substance Abuse Treatment.

28 11774.2. Between the first six months and the first 18 months  
29 of the pilot project, the \_\_\_\_ shall collect data regarding the  
30 operation of the pilot project. The data shall include the number  
31 of patients who test positive for methamphetamine or other drugs,  
32 the type of intervention given, results of that intervention after six  
33 months, program cost per patient, and, to the extent possible, the  
34 medical cost savings per patient. The data shall also indicate the  
35 levels of emergency room staff, patient, and health insurer  
36 satisfaction with the pilot project. The \_\_\_\_ shall then analyze the  
37 data and prepare a report to be provided to the health committees  
38 of the Senate and Assembly by March 31 of the second year  
39 following the year that the pilot project is initiated.

1 11774.3. In conjunction with other pilot project stakeholders,  
2 the department shall seek funds from the federal government and  
3 private foundations to fund the pilot project.

4 SEC. 3. Section 10369.12 of the Insurance Code is amended  
5 to read:

6 10369.12. (a) A disability policy may contain a provision in  
7 the form set forth herein.

8 Intoxicants and controlled substances: The insurer shall not be  
9 liable for any loss sustained or contracted in consequence of the  
10 insured's being intoxicated or under the influence of any controlled  
11 substance unless administered on the advice of a physician.

12 (b) *Subdivision (a) shall not apply to a health insurance policy.*