



State of California—Health and Human Services Agency
California Department of Public Health



TOMÁS J. ARAGÓN, MD, DrPH
Director and State Public Health Officer

GAVIN NEWSOM
Governor

November 10, 2022

Dear Hospital Administrator,

I am writing to ask for your help in addressing California's crisis of drug overdose, now a leading cause of death in California and driven by the widespread introduction of illicitly manufactured fentanyl. Statewide, opioid-involved drug overdose deaths increased by nearly 2.5 times between 2015 and 2021. The age distribution of deaths has shifted toward much younger age groups, with the highest rate among people age 30-34. Increases in mortality have disproportionately affected Black and Native American Californians, who now have the highest opioid overdose death rates of any racial or ethnic groups.

In response, the California Department of Public Health (CDPH) recommends that hospitals undertake several activities supported by the State of California:

- In emergency department and other hospital settings, identify and engage people who use drugs who may be at risk of overdose.
- Offer access to buprenorphine or methadone, medications for opioid use disorder (MOUD) treatment that protect against opioid overdose. To facilitate this work, **emergency departments may apply with the [California Bridge Behavioral Health Navigator Program](#) to receive up to \$120,000 to support care navigators to engage patients and refer to needed addiction, mental health, and social services.** Applications are due by December 15, 2022.
 - Current federal [practice guidelines](#) allow qualified practitioners – including physicians, nurse practitioners, physician assistants, clinical nurse specialists (CNSs), certified registered nurse anesthetist, and certified nurse-midwives – to treat up to 30 patients under training exemption. Completing additional required training allows practitioners to treat up to 100 patients, and subsequently up to 275 patients after one year of providing care under the initial patient limit.
- For more background, clinicians may visit the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) site [here](#), and apply for a buprenorphine waiver [here](#).
- Dispense naloxone and give information on overdose first aid to people at risk of witnessing or experiencing an overdose, including people who use drugs, friends and family members, and caregivers. Hospitals may obtain, at no cost, both intranasal and



injectable formulations of naloxone for community distribution outside the pharmacy from the [California Department of Health Care Services Naloxone Distribution Project](#).

- Partner with local [harm reduction](#) organizations in order to sustain care in the community. Harm reduction programs provide essential disease, overdose, and injury prevention services, increasingly offer on-site MOUD services, and are a critical link to health care for many underserved people. To find a harm reduction organization near you, see CDPH's directory [here](#).

If you have questions or need additional resources related to overdose prevention, please contact Alessandra Ross, Chief, CDPH Office of AIDS, Harm Reduction Unit (alessandra.ross@cdph.ca.gov) or Elizabeth Keating, Clinical Program Director, CA Bridge (ekeating@cabridge.org).

Thank you for your partnership in our common work to end California's drug overdose epidemic.

Sincerely,

A handwritten signature in blue ink that reads "Tomás Aragón". The signature is written in a cursive, flowing style.

Tomás J. Aragón, MD, DrPH
Director and State Public Health Officer
California Department of Public Health