
SENATE COMMITTEE ON PUBLIC SAFETY

Senator Aisha Wahab, Chair

2023 - 2024 Regular

Bill No: AB 1859 **Hearing Date:** June 18, 2024
Author: Alanis
Version: January 18, 2024
Urgency: No **Fiscal:** Yes
Consultant: AB

Subject: *Coroners: duties*

HISTORY

Source: Author

Prior Legislation: SB 67 (Seyarto, Ch. 859, Stats. of 2023)
AB 1351 (Haney, 2023), held in Assembly Appropriations
SB 1695 (Escutia, Ch. 678, Stats. of 2002)

Support: Peace Officers Research Association of California (PORAC); Shasta Substance Use Coalition

Opposition: None known

Assembly Floor Vote: 72 - 0

PURPOSE

The purpose of this bill is to require coroners to report to the State Department of Public Health and to the Overdose Detection Mapping Application Program whether an autopsy revealed the presence of xylazine at the time of a person's death.

Existing law requires coroners to determine the manner, circumstances and cause of death in the following circumstances:

- Violent, sudden or unusual deaths;
- Unattended deaths;
- When the deceased was not attended by a physician, or registered nurse who is part of a hospice care interdisciplinary team, in the 20 days before death;
- When the death is related to known or suspected self-induced or criminal abortion;
- Known or suspected homicide, suicide or accidental poisoning;
- Deaths suspected as a result of an accident or injury either old or recent;

- Drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or sudden infant death syndrome;
- Deaths in whole or in part occasioned by criminal means;
- Deaths associated with a known or alleged rape or crime against nature;
- Deaths in prison or while under sentence;
- Deaths known or suspected as due to contagious disease and constituting a public hazard;
- Deaths from occupational diseases or occupational hazards;
- Deaths of patients in state mental hospitals operated by the State Department of State Hospitals;
- Deaths of patients in state hospitals serving the developmentally disabled operated by the State Department of Development Services;
- Deaths where a reasonable ground exists to suspect the death was caused by the criminal act of another; and,
- Deaths reported for inquiry by physicians and other persons having knowledge of the death. (Gov. Code, § 27491.)

Existing law requires the coroner or a deputy to sign the certificate of death when they perform a mandatory inquiry. (Gov. Code, § 27491, subd. (a).)

Existing law allows the coroner or medical examiner discretion when determining the extent of the inquiry required to determine the manner, circumstances and cause of death. (Gov. Code, § 27491, subd. (b).)

Existing law provides that in all cases in which a person has died under circumstances that afford a reasonable ground to suspect that the person's death has been occasioned by the act of another by criminal means, the coroner, upon determining that those reasonable grounds exist, shall immediately notify the law enforcement agency having jurisdiction over the criminal investigation, as specified. (Gov. Code, § 27491.1)

Existing law provides that the cause of death appearing on a certificate of death signed by the coroner shall be in conformity with facts ascertained from inquiry, autopsy and other scientific findings, and prohibits the coroner from finally excluding crime, suicide or accident as a cause of death because of lack of evidence. (Gov. Code, § 27491.5.)

Existing law requires the coroner or medical examiner to conduct an autopsy at the request of the surviving spouse or other specified persons when an autopsy has not already been performed. (Gov. Code, § 27520, subd. (a).)

Existing law allows the coroner or medical examiner discretion to conduct an autopsy at the request of the surviving spouse or other specified persons when an autopsy has already been performed. (Gov. Code, § 27520, subd. (b).)

Existing law states that the content of a death certificate must include, among other things, personal data of the decedent, date of death, place of death, disease or conditions leading directly to death and antecedent causes, accident and injury information, and information regarding pregnancy. (Health & Saf. Code, § 102875.)

Existing law requires a physician and surgeon, physician assistant, funeral director, or other person to notify the coroner when they have knowledge that a death occurred, or if they have charge of a body in which death occurred under any of the following, among others:

- Without medical attendance;
- During continued absence of attending physician and surgeon;
- Where attending physician and surgeon, or physician assistant is unable to state cause of death; and,
- Reasonable suspicion to suspect death was caused by criminal act. (Health & Saf. Code, § 102850.)

Existing law provides that the coroner shall state on the certificate of death the disease or condition directly leading to death, antecedent causes, other significant conditions contributing to death and other medical and health section data as may be required on the certificate, and the hour and day on which death occurred. (Health & Saf. Code, § 102860.)

Existing law requires the California Department of Public Health (DPH) to establish an Internet-based electronic death registration system for the creation, storage, and transfer of death registration information. (Health & Saf. Code, § 102778.)

Existing law requires a coroner or medical examiner who evaluates an individual who died, in their expert opinion, as the result of an overdose as a contributing factor, to report the incident to the Overdose Detection Mapping Application Program managed by the Washington/Baltimore High Intensity Drug Trafficking Area program, as specified. (Health & Saf. Code, § 11758.04, subd. (a).)

This bill requires a coroner to test bodily fluid extracted during an autopsy of a deceased person to determine whether the bodily fluid contained any amount, including a trace amount, of xylazine at the time of the person's death if either of the following occur:

- The coroner reasonably suspects the cause of a person's death to be the accidental or intentional overdose of an opioid.
- The person was administered an overdose intervention drug prior to death and was unresponsive to the overdose intervention drug.

This bill requires a coroner to report a positive result indicating the presence of xylazine to the State Department of Public Health and the Overdose Detection Mapping Application Program (ODMAP) managed by the Washington/Baltimore High Intensity Drug Trafficking Area program.

This bill requires the Department of Public Health to post the number of positive results on the California Overdose Surveillance Dashboard located on the department's internet website.

COMMENTS

1. Need for This Bill

According to the Author:

I am proud to join the fight against California's opioid crisis by introducing Bill 1859. AB 1859 will establish a centralized tracking system for the presence of xylazine in fatalities associated with suspected accidental or intentional opioid overdoses, as well as instances where an individual, administered an overdose intervention drug, remains unresponsive. This crucial legislation stands as a crucial tool in identifying patterns, optimizing resource allocation, safeguarding public health, formulating evidence-driven interventions, and adeptly addressing the complexities arising from the misuse of Tranq.

2. Xylazine

Xylazine, also known as "tranq," is a non-opiate sedative, analgesic, and muscle relaxant only authorized in the U.S. for veterinary use by the FDA. It is not included in the federal controlled substances schedules, and it is not approved for consumption by humans. In legal sales for veterinary use, xylazine is available in liquid form and sold in vials or preloaded syringes, with solutions prepared at a concentration appropriate for administration by injection based on the general size and weight of the species. Xylazine is legitimately sold directly through pharmaceutical distributors and websites catering to veterinarians.¹

Xylazine can be injected, sniffed, or consumed orally. People are most frequently exposed to xylazine while using illegal drugs, such as cocaine, heroin, and fentanyl, which are sometimes mixed with xylazine to enhance the effects of the drug it is being mixed with or to increase the price of the drug by increasing its weight.² The DEA reports that it has seized xylazine and fentanyl mixtures in almost all 50 states, and between 2020 and 2021, DEA lab results found a 112% increase in the presence of xylazine in drug seizures in the Western region of the country. Additionally, those results showed that approximately 23% of fentanyl powder and 7% of fentanyl pills seized by the DEA in 2022 contained xylazine.³ Xylazine can cause respiratory depression similar to that of an opioid overdose which may increase the potential for a fatal outcome at a time when opioid overdose deaths remain high. Due to the impact of xylazine on

¹ U.S. Department of Justice and Drug Enforcement Administration, *DEA Joint Intelligence Report: The Growing Threat of Xylazine and its Mixture with Illicit Drugs* (Oct. 2022), p. 1, [The Growing Threat of Xylazine and its Mixture with Illicit Drugs \(dea.gov\)](https://www.dea.gov/press-releases/2022/10/12/101222a)

² "What You Should Know About Xylazine." Centers For Disease Control. [What You Should Know About Xylazine | Overdose Prevention | CDC](https://www.cdc.gov/od/oc/substances/xylazine/)

³ *Ibid.*

the opioid crisis, the White House last year designated fentanyl combined with xylazine as an emerging threat to the United States.⁴

3. Department of Public Health Opioid Prevention Initiative

California's Overdose Prevention Initiative (OPI) collects and shares data on fatal and non-fatal drug related overdoses, overdose risk factors, prescriptions, and substance use. The OPI works with local and state partners to address the complex and evolving nature of the drug overdose epidemic by data collection and analysis, prevention programs, public awareness and education campaigns, and safe prescribing and treatment practices. One of the five recommendations it makes to local and statewide partners is to improve rapid identification of drug overdose outbreaks by partnering with coroner and medical examiner offices, healthcare facilities, and emergency medical services to obtain overdose data to form a timely response.⁵

As part of DPH's Opioid Prevention Initiative, DPH maintains the California Overdose Surveillance Dashboard (dashboard). The Dashboard tracks deaths related to any opioid overdose, deaths related specifically to fentanyl, emergency department visits related to any opioid overdose, and the number of prescriptions issued for opioids in California. The data for deaths comes from death certificate data from DPH's Center for Health Statistics and Informatics, both preliminary quarterly data and the Comprehensive Master Death File that is filed annually. The data for emergency department visits and hospitalizations comes from annual hospital Emergency Care Data Record reports and hospital discharge data reports collected and maintained by the Department of Health Care Access and Information. However, due to the time lag of the source data for this information, the overdose data available on the dashboard for both deaths and emergency department visits/hospitalizations is only finalized for 2022, with preliminary data available through the third quarter of 2023. According to the Dashboard, there were 7,385 deaths related to opioids (6,473 involved fentanyl), and 21,316 emergency department visits for opioid overdoses, for the year 2022.⁶

4. Coroner Duties and Effect of This Bill

Under existing law, it is the duty of the county coroner to inquire into and determine the circumstances, manner and cause of deaths that occur within their jurisdiction, including violent, sudden or unusual deaths, unattended deaths, known or suspected homicide, suicide or accidental poisoning, deaths from or related to injury or accident, and death in whole or in part occasioned by criminal means, among others.⁷ Existing law also authorizes the coroner to perform an autopsy upon any victim of sudden, unexpected, or unexplained death or any death known or suspected of resulting from an accident, suicide, or apparent criminal means.⁸ The coroner is required to perform an autopsy if the surviving spouse requests them to do so in writing. If there is no surviving spouse, that right devolves to a surviving parent or child, and subsequently, if there is no surviving parent or child, to the next of kin.⁹

⁴ The White House, Office of the Press Secretary (Apr. 12, 2023) *Biden-Harris Administration designates fentanyl combined with xylazine as an emerging threat to the United States*. [Biden-Harris Administration Designates Fentanyl Combined with Xylazine as an Emerging Threat to the United States | ONDCP | The White House](#)

⁵ [OPI Landing Page \(ca.gov\)](#)

⁶ [CA Overdose Dashboard](#)

⁷ Govt. Code §§27491, (a), (b), §§ 27491.2, 27491.5

⁸ Govt. Code §§ 27491.4(c), 27491.43(c).

⁹ Govt. Code §27520.

Coroners are also authorized to conduct inquests, or more formal investigations into the cause of a death, of their own volition, and are required to conduct them if requested to do so by the Attorney General, district attorney, sheriff, city prosecutor, city attorney or chief of police in their jurisdiction.¹⁰ Autopsies are usually, but not always, a central component of inquests, if they had not been conducted prior to the commencement of the inquest. Pursuant to their statutory duties, coroners are responsible for the production and completion of various records and documents regarding a particular death under investigation. Centrally, coroners are generally responsible for signing death certificates, which indicate the manner of death. If an autopsy is performed, existing law requires coroners to take certain photograph and produce specific documentation regarding the procedure.¹¹

This bill requires coroners to test bodily fluid extracted during an autopsy of a deceased person to determine whether the bodily fluid contained xylazine at the time of the person's death, but only if the coroner reasonably expects the cause of death to be opioid overdose-related *or* if the person was administered an overdose prevention drug prior to death but was unresponsive to that drug. Further, the bill requires the coroner to report any positive result to the Department of Public Health as well as the Overdose Detection Mapping Application Program (ODMAP) managed by the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) program.¹² The Department of Public Health must then post these results on the overdose dashboard mentioned above.

5. Recent Legislation

Last year, SB 67 (Seyarto, Ch. 859, Stats. of 2023) was enacted, which requires coroners to report overdose information to ODMAP, but did not specify or limit the types of controlled substances which must be reported, simply that the overdose occurred.

6. Related Legislation

SB 1502 (Ashby) would add xylazine – including its salts, isomers, salts of its isomers, and any substance that contains it – to the list of Schedule III controlled substances¹³ in the State of California. At the time this analysis was finalized, SB 1502 was awaiting a hearing in the Assembly Committee on Public Safety. It passed out of this committee by a vote of 5-0.

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¹⁰ Govt. Code § 27491.6.

¹¹ Govt. Code §27521(c).

¹² ODMAP is an overdose mapping tool that allows first responders to log an overdose in real time into a centralized database in order to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike, in overdose events. For more on ODMAP, see [Overdose Detection Mapping Application Program - \(odmap.org\)](https://odmap.org), for more on HIDTAs, see [Homepage - High Intensity Drug Trafficking Areas \(hidta.org\)](https://hidta.org)

¹³ Schedule III controlled substances have a currently accepted medical use, potential for abuse leading to moderate physical dependence. Examples of Schedule III controlled substances include ketamine and anabolic steroids.