
SENATE COMMITTEE ON EDUCATION

Senator Josh Newman, Chair

2023 - 2024 Regular

Bill No:	AB 19	Hearing Date:	June 21, 2023
Author:	Joe Patterson		
Version:	February 27, 2023		
Urgency:	No	Fiscal:	Yes
Consultant:	Kordell Hampton		

Subject: Pupil health: opioid antagonists.

SUMMARY

This bill requires each public school operated by a local educational agency (LEA), county office of education (COE), or charter school to maintain at least two doses of naloxone hydrochloride (naloxone) or another opioid antagonist on its campus.

BACKGROUND

Existing Law:

Education Code (EC)

- 1) Permits school nurses or trained personnel who have volunteered to provide emergency naloxone or another opioid antagonist, by nasal spray or by auto-injector, to persons suffering, or reasonably believed to be suffering, from an opioid overdose. (EC § 49414.3(a))
- 2) Requires the Superintendent of Public Instruction (SPI) to establish and revise, every five years or sooner, minimum training standards for administering naloxone or another opioid antagonist as specified. The California Department of Education (CDE) shall maintain a clearinghouse for best practices in training nonmedical personnel to administer naloxone or another opioid antagonist to pupils. (EC § 49414.3(e))
- 3) Requires an LEA, COE, or charter school electing to utilize naloxone or another opioid antagonist for emergency aid to ensure that each employee who volunteers is provided defense and indemnification by the LEA, COE, or charter school for any civil liability. This information shall be reduced to writing, provided to the volunteer, and retained in the volunteer's personnel file. (EC 49414.3(i))
- 4) Provides a school with no more than two weeks to restock their supply of naloxone hydrochloride or another opioid antagonist after use. (EC § 49414.3(h))
- 5) If a school district, charter school, or private school elects to offer an athletic program, the school district, charter school, or private school shall annually give the Opioid Factsheet for Patients published by the Centers for Disease Control and Prevention to each athlete. The athlete and, if the athlete is 17 years of age or younger, the athlete's parent or guardian shall sign a document acknowledging

receipt of the Opioid Factsheet for Patients and return that document to the school district, charter school, or private school before the athlete initiates practice or competition. The Opioid Factsheet for Patients may be sent and returned through an electronic medium, including, but not limited to, fax or email. (EC § 49476)

- 6) Requires each LEA and COE to be responsible for the overall development of all comprehensive school safety plans for its schools operating in kindergarten or any grades 1 through 12. (EC § 32281(a))
- 7) Specifies that the school site council or safety planning committee is responsible for developing the comprehensive school safety plan. (EC § 32281(b))
- 8) Specifies that the comprehensive school safety plan must include an assessment of the current status of school crime committed on school campuses and at school-related functions and identification of appropriate strategies and programs to provide or maintain a high level of school safety and address the school's procedures for complying with existing laws related to school safety, including child abuse reporting procedures; disaster procedures; an earthquake emergency procedure system; policies regarding pupils who commit specified acts that would lead to suspension or expulsion; procedures to notify teachers of dangerous pupils; a discrimination and harassment policy; the provisions of any schoolwide dress code; procedures for safe ingress and egress of pupils, parents, and school employees to and from school; a safe and orderly environment conducive to learning; and rules and procedures on school discipline. (EC § 32282(a))
- 9) Requires the comprehensive school safety plan to be evaluated at least once a year. (EC § 32282(d))

Civil Code (CIV)

- 10) Permits a licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the distribution of an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or another person in a position to assist a person at risk of an opioid-related overdose. (CIV § 1747.22(c))

ANALYSIS

This bill requires each public school operated by an LEA, COE, or charter school to maintain at least two doses of naloxone or another opioid antagonist on its campus.

STAFF COMMENTS

- 1) ***Need for the bill.*** According to the author, "Until my neighbor, high school teen Zach Didier, lost his life to Fentanyl, I had no idea how kids were getting their hands on this poison. Zach ingested a pill of what he believed to be Percocet. As a father of four children, I can't imagine having to experience what my neighbor went through which is why I am authoring Assembly Bill 19. According to the California Department of Education in 2012, California suffered 82 tragic deaths attributed to fentanyl overdoses, and last year that number jumped to more than 6,000.

Fentanyl deaths accounted for more than 80 percent of all drug-related deaths among California's young people in 202. AB 19 is part of my three-pronged approach to helping solve the Fentanyl crisis - accountability, education, and safety. This measure is about safety. It is time we take the initiative to have simple and proven preventative care available to schools where our kids spend a majority of their time. Fentanyl is being disguised as candy and is readily available in every community - why aren't we putting this on every campus? I was pleased to hear that the Governor has set aside \$3.5 million in Prop 98 to fund this program for all middle and high school sites to maintain naloxone on campus, which answers any questions about funding for Assembly Bill 19. I am proud that this is a bipartisanship issue having the governor, Democrats, and Republicans recognize this policy will save children's lives."

- 2) ***Governor's Proposed Budget.*** The Governor's budget proposes \$3.5 million ongoing for all middle and high school sites to maintain at least two doses of naloxone or another medication to reverse an opioid overdose on campus for emergency aid and an additional \$79 million to the Naloxone Distribution Project (NDP).
- 3) ***Addressing Fentanyl Among California Youth.*** According to the California Department of Public Health (CDPH), fentanyl-related overdose deaths increased 625 percent among ages 10-19 from 2018 to 2020. In 2021, there were 224 fentanyl-related overdose deaths among teens ages 15–19 in California. Pursuant to *AB 1748 (Mayes)* Chapter 55, Statutes of 2016, among other things, the SPI must establish minimum training standards for school employees who volunteer to administer naloxone or another opioid antagonist. In addition to setting minimum training standards, the CDE must maintain on its website a clearinghouse for best practices in training nonmedical personnel to administer naloxone or another opioid antagonist to pupils.

In conjunction with the CDPH, the CDE provides LEAs with resources and information that they can readily share with parents and students to help keep them safe. The shareable Fentanyl Awareness and Prevention toolkit page offer information about the risks of fentanyl and how to prevent teen use and overdoses. In addition to the toolkit, the CDPH's Substance and Addiction Prevention branch provides resources for parents, guardians, caretakers, educators, schools, and youth-serving providers.

LEAs and COEs have also adjusted to address this growing crisis. For example, the Lake County Office of Education and Washington Unified School District in West Sacramento recently implemented a local school naloxone policy consistent with state statutes. San Diego Unified School District created its naloxone toolkit to aid other LEAs and inform parents and guardians.

This bill would require each public school operated by an LEA, COE, or charter school to maintain at least two doses of naloxone or another opioid antagonist on its campus.

- 4) ***Statewide Standing Order for Naloxone.*** Naloxone can help reduce opioid overdose deaths in California, but many organizations find it challenging to obtain

the required standing order to get naloxone from healthcare providers. According to CDPH, of the 6,843 opioid-related overdose deaths in 2021, 5,722 were related to fentanyl. CDPH issued the standing order in 2017 to address this need and support equitable naloxone access. The standing order:

- a) Allow community organizations and other entities in California that are not currently working with a physician to distribute naloxone to a person at risk of an opioid-related overdose or to a family member, friend, or another person in a position to assist; and
- b) Allow for the administration of naloxone by a family member, friend, or other person to a person experiencing or reasonably suspected of experiencing an opioid overdose.

Among the organizations and entities that can distribute naloxone under the order are colleges and universities. An individual at risk of experiencing an overdose or someone who can assist an individual at risk is allowed to do so. Under the statewide standing order, staff of community organizations and other entities distributing naloxone must be trained. They are also required to provide training to individuals who receive naloxone from them. Colleges and other organizations may apply to use the statewide standing order if they meet certain conditions.

A separate distribution program administered through The Department of Health Care Services (DHCS) allows universities and colleges to apply for and obtain naloxone at no cost to the institution. According to the CDPH website, since October 2018, their NDP has distributed over 1 million units of naloxone and recorded over 57,000 overdose reversals.

According to the DHCS website, schools are eligible entities that may receive naloxone through the NDP.

- 5) **Health Education Framework.** The health education standards shape the direction of health education instruction for children and youths in California's public schools: they provide LEAs with fundamental tools for developing health education curricula and improving student attainment in this area, and they help ensure that all students in kindergarten through high school receive high-quality health education instruction, providing students with the knowledge, skills, and confidence to lead healthy lives. Health education has undergone a paradigm shift over the last 15 years. Data from national and state surveys, including the California Healthy Kids Survey, indicated that although youths knew what was harmful to their health, they did not have the skills to avoid risky behaviors. To ensure students not only knew about the harms of drugs, alcohol, and tobacco but also learned how to prevent and recognize these behaviors, the State Board of Education adopted a revised health education curriculum in 2019. The framework aims to achieve the following goals through different grades.

- a) Kindergarten

- i) Ability to explain why medicines are used and why they can be helpful or harmful.

- ii) Recognize that medicines should be taken only under the supervision of a trusted adult, that some household products are harmful if ingested or inhaled, and that tobacco smoke is detrimental to health and should be avoided.

b) Grade 2

- i) Distinguish between helpful and harmful substances (including alcohol, tobacco, and other drugs).
- ii) Explain why household products are harmful if ingested or inhaled; that a drug is a chemical that changes how the body and brain work; why it is dangerous to taste, swallow, sniff, or play with unknown substances; why it is essential to follow the medical recommendations for prescription and nonprescription medicines.
- iii) Identify rules for taking medicine at school and home and refusal skills when confronted or pressured to use alcohol, tobacco, or other drugs.

c) Grade 4

- i) Describe the harmful short- and long-term effects of alcohol, tobacco, and other drugs, including inhalants.
- ii) Explain the differences between medicines and illicit drugs and why individual reactions to alcohol and drug use may vary.
- iii) Identify family and school rules about alcohol, tobacco, and drug use; ways to cope with situations involving alcohol, tobacco, and other drugs.

d) Grade 6

- i) Explain short- and long-term effects of alcohol, tobacco, inhalant, and other drug use, including social, legal, and economic implications; the dangers of secondhand smoke; the stages of drug dependence and addiction and the effects of drugs on the adolescent brain.
- ii) Identify positive alternatives to alcohol, tobacco, and other drug use; the benefits of a tobacco-free environment; and the effects of alcohol, tobacco, and other drug use on physical activity, including athletic performance.
- iii) Differentiate between the use and misuse of prescription and nonprescription medicines.

e) Grades 7-8

- i) Describe the harmful short- and long-term effects of alcohol, tobacco, and other drugs, including steroids, performance-enhancing drugs, and inhalants; the relationship between using alcohol, tobacco, and other drugs and engaging in other risky behaviors; the consequences of using alcohol, tobacco, and other drugs during pregnancy, including fetal alcohol spectrum disorders.
 - ii) Explain the dangers of drug dependence and addiction; the short- and long-term consequences of using alcohol and other drugs to cope with problems; why most youths do not use alcohol, tobacco, or other drugs; school policies and community laws related to the use, possession, and sale of alcohol, tobacco, and illegal drugs.
 - iii) Analyze the harmful effects of using diet pills without physician supervision.
- f) Grades 9-12
 - i) Describe the health benefits of abstaining from or discontinuing alcohol, tobacco, and other drugs; the use and abuse of prescription and nonprescription medicines and illegal substances.
 - ii) Explain the impact of alcohol, tobacco, and other drug use on brain chemistry, brain function, and behavior; the connection between alcohol and tobacco use and the risk of oral cancer; the impact of alcohol and other drug use on vehicle crashes, injuries, violence, and risky sexual behavior.
 - iii) Identify the social and legal implications of using and abusing alcohol, tobacco, and other drugs.
 - iv) Analyze the consequences for the mother and child of using alcohol, tobacco, and other drugs during pregnancy—including fetal alcohol spectrum disorders and other birth defects; the effects of binge drinking and its relationship to cancer; to liver, pancreatic, and cardiovascular diseases; and a variety of gastrointestinal problems, neurological disorders, and reproductive system disorders.
 - v) Clarify myths regarding the scope of alcohol, tobacco, and other drug use among adolescents.
- 6) **Committee Amendment.** The committee recommends, and the author has agreed to the following amendment:
 - a) Requires each school that has elected to make a school nurse or trained personnel available at the school pursuant to this section shall maintain at least two doses units of naloxone hydrochloride or another opioid antagonist on its campus, rather than all schools.

7) Related Legislation

SB 234 (Portantino, 2023) would require schools kindergarten to 12 grade, institutions of higher education, stadiums, concert venues, and amusement parks, at all times, to maintain unexpired doses of naloxone hydrochloride or any other opioid antagonist on its premise, ensure that at least two employees are aware of the location of the naloxone or other opioid antagonist, and expand community colleges ability to administer naloxone. *SB 234* also provides civil protections to a person who administers naloxone or another opioid antagonist on a college campus stadium, concert venue, or amusement park to a person who appears to be experiencing an opioid overdose. *This bill is currently in Assembly Education Committee.*

AB 1748 (Mayes) Chapter 557, Statutes of 2016, authorizes LEAs to provide an emergency opioid antagonist to school nurses or trained personnel and authorizes a school nurse or trained personnel to administer an opioid antagonist to a person suffering from an opioid overdose.

AB 899 (Joe Patterson, 2023) requires LEAs to annually inform the parents or guardians of each enrolled pupil of the dangers associated with synthetic drugs that are not prescribed by a physician, such as fentanyl. *This bill is currently in Senate Education Committee.*

SB 472 (Hurtado, 2023) would require each campus of a public school operated by an LEA, COE, or charter school to maintain at least two doses on its campus, and distribute, naloxone or another opioid antagonist pursuant to the standing order for naloxone and requires LEAs, COEs, and charter school to report to the DHCS for failure to distribute naloxone. *This bill was held in Senate Appropriations.*

SUPPORT

California Academy of Family Physicians
California Association of School Business Officials
California District Attorneys Association
California Teachers Association
Emergency Nurses Association, California State Council
Health Officers Association of California
Los Angeles County Office of Education
San Diego County District Attorney's Office
Steinberg Institute

OPPOSITION

None received

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