

1172SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2025-2026 Regular Session

AB 1172 (Nguyen)
Version: April 23, 2025
Hearing Date: July 15, 2025
Fiscal: Yes
Urgency: No
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SUBJECT

Adult day programs: administration of inhalable emergency antiseizure medications

DIGEST

This bill authorizes individuals with developmental disabilities to receive inhalable emergency antiseizure medication (antiseizure medication) by creating a training pathway for employees of licensed facilities that choose to volunteer to administer the medication. This bill provides qualified immunity to volunteers who so administer the medication.

EXECUTIVE SUMMARY

In 2022, AB 1810 (Levine, Ch. 906, Stats. 2022) authorized a local educational agency (LEA), upon receipt of a request from the parent or guardian of a pupil diagnosed with seizures, a seizure disorder, or epilepsy to designate volunteers at the school to receive training regarding the emergency use of anti-seizure medication. School nurses or, if none, a trained volunteer, are authorized to administer emergency anti-seizure medication to a diagnosed pupil if the pupil is suffering from a seizure. LEAs must provide written assurance that each trained employee who volunteers will be provided defense and indemnification for any and all civil liability. A trained person who, in good faith and not for compensation, administers emergency anti-seizure medication in compliance with AB 1810 to a pupil who appears to be experiencing a seizure is shielded from professional review and is provided qualified immunity for attendant civil and criminal claims.

This bill extends nearly identical qualified immunity to a volunteer at a licensed facility that administers antiseizure medication at the facility and those providing relevant training. This bill is sponsored by the Association of Regional Center Agencies. It is supported by the California State Council on Developmental Disabilities. No timely opposition has been received by the Committee. It passed out of the Senate Human Services Committee on a vote of 5 to 0.

PROPOSED CHANGES TO THE LAW

Existing law:

- 1) Provides that every person is responsible, not only for the result of their willful acts, but also for an injury occasioned to another by the person's want of ordinary care or skill in the management of their property or person, except so far as the latter has, willfully or by want of ordinary care, brought the injury upon themselves. (Civ. Code § 1714(a).)
- 2) Provides that no person who, in good faith, and not for compensation, renders emergency medical or nonmedical care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered. This applies only to medical, law enforcement, and emergency personnel, as specified. (Health & Saf. Code § 1799.102(a).)
- 3) Extends to all other persons not covered by the above who are rendering medical or nonmedical care or other assistance in such situations immunity from civil damages resulting from any act or omission other than acts or omissions constituting gross negligence or willful or wanton misconduct. (Health & Saf. Code § 1799.102(b).)
- 4) Establishes the Seizure Safe Schools Act, whereby a trained person who administers emergency anti-seizure medication or other prescribed medication, as provided and in good faith and not for compensation, on a school site to a pupil diagnosed with seizures, a seizure disorder, or epilepsy who appears to be experiencing a seizure shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for the person's acts or omissions in administering the emergency anti-seizure medication. Such immunity does not extend to an act or omission that constitutes gross negligence or willful or wanton misconduct and does not affect the ability of a licensing board to take disciplinary action against a licensed health care professional for an act not specifically authorized. (Educ. Code § 49468 et seq.)
- 5) Defines "adult day program" as any community-based facility or program that provides care to persons 18 years of age or older in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of these individuals on less than a 24-hour basis. "Residential facility" means any family home, group care facility, or similar facility as determined, for 24-hour nonmedical care of persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual. (Health & Saf. Code § 1502(a).)

This bill:

- 1) Establishes the Seizure Emergency Response Act.
- 2) Defines “licensed facility” as an adult day program or an adult residential facility, as defined in Section 1502 of the Health and Safety Code.
- 3) Authorizes a licensed facility, upon request from an individual diagnosed with seizures, a seizure disorder, or epilepsy that has been prescribed antiseizure medication by their health care provider, to authorize any volunteer to administer that medication to the individual during a seizure emergency.
- 4) Authorizes a volunteer to administer antiseizure medication to an individual diagnosed with seizures, a seizure disorder, or epilepsy if the individual is suffering from a seizure. However, the volunteer must have received specified training and the facility must have a seizure action plan in place. The facility must develop a seizure action plan approved by the individual or the individual’s authorized representative that includes specified elements.
- 5) Requires a licensed facility to adopt policies to implement these provisions that, among other things, ensure that any administration of antiseizure medication pursuant hereto complies with the conditions specified in an individual’s seizure action plan.
- 6) Requires the State Department of Social Services to adopt minimum training standards for recognizing and responding to seizures, including administering antiseizure medication, as provided. These standards may align with the training requirements described in the Seizure Safe Schools Act.
- 7) Requires licensed facilities to provide a notice to volunteers that informs them of their right to rescind an offer to volunteer at any time and includes an explanation of their liability protections and indemnification requirements.
- 8) Provides that any licensed facility that authorizes volunteers shall ensure that each employee who volunteers to administer antiseizure medication will be provided defense and indemnification for any and all civil liability, as provided.
- 9) Provides, notwithstanding any other law, a volunteer who administers inhalable emergency antiseizure medication in compliance herewith, any person who provides training to a volunteer, or any person who otherwise complies with the requirements hereof, in good faith and not for compensation, shall not be subject to professional review, civil liability, or criminal prosecution for their actions or omissions.

- 10) Provides that the above protections do not affect any of the following:
- a) A person's liability for an act or omission that constitutes gross negligence or willful or wanton misconduct.
 - b) A person's culpability for an act that constitutes a crime.
 - c) The ability of a licensing board to take disciplinary action against a licensed healthcare professional for an act not specifically authorized hereby.
 - d) The application of Section 1799.102 to any person who renders medical or nonmedical care at the scene of an emergency in good faith and not for compensation, regardless of their training and licensure.¹
- 11) Clarifies that an employee of a licensed facility who volunteers to administer antiseizure medication pursuant to this article shall not be deemed to be providing inhalable emergency medical care for compensation, notwithstanding the fact that the employee is a paid staff member of the facility.

COMMENTS

1. Civil liability and immunity

As a general rule, California law provides that persons are responsible, not only for the result of their willful acts, but also for an injury occasioned to another by their want of ordinary care or skill in the management of their property or person, except so far as the latter has, willfully or by want of ordinary care, brought the injury upon themselves. (Civ. Code § 1714(a).) Liability has the primary effect of ensuring that some measure of recourse exists for those persons injured by the negligent or willful acts of others; the risk of that liability has the primary effect of ensuring parties act reasonably to avoid harm to those to whom they owe a duty.

Conversely, immunity from liability disincentivizes careful planning and acting on the part of individuals and entities. When one enjoys immunity from civil liability, they are relieved of the responsibility to act with due regard and an appropriate level of care in the conduct of their activities. Immunity provisions are also disfavored because they, by their nature, preclude parties from recovering when they are injured, and force injured parties to absorb losses for which they are not responsible. Liability acts not only to allow a victim to be made whole, but to encourage appropriate compliance with legal requirements.

Although immunity provisions are rarely preferable, the Legislature has, in limited scenarios, approved measured immunity from liability (as opposed to blanket immunities) to promote other policy goals that could benefit the public. Immunities are

¹ The current cross-reference within the bill only applies these caveats to the indemnity provisions and not the immunity provision. The author has agreed to an amendment to apply it to both.

generally afforded when needed to ensure the willingness of individuals to continue taking on certain roles that may involve some risk and to incentivize certain conduct, such as the provision of life-saving or other critical services. Examples include protections for use of CPR (Civ. Code § 1714.2); use of an automated external defibrillator (Civ. Code § 1714.21); providing emergency care at the scene of an emergency (Health & Saf. Code §§ 1799.102, 1799.106); and performing emergency rescue services (Health & Saf. Code § 1799.107). However, as indicated above, rarely is immunity absolute, and these immunities generally do not cover grossly negligent conduct or intentional misconduct.

2. Emergency care for epilepsy and seizure disorders

According to the Mayo Clinic:

Epilepsy — also known as a seizure disorder — is a brain condition that causes recurring seizures. There are many types of epilepsy. In some people, the cause can be identified. In others, the cause is not known.

Epilepsy is common. It's estimated that 1.2% of people in the United States have active epilepsy, according to the Centers for Disease Control and Prevention. Epilepsy affects people of all genders, races, ethnic backgrounds and ages.

Seizure symptoms can vary widely. Some people may lose awareness during a seizure while others don't. Some people stare blankly for a few seconds during a seizure. Others may repeatedly twitch their arms or legs, movements known as convulsions.

Having a single seizure doesn't mean you have epilepsy. Epilepsy is diagnosed if you've had at least two unprovoked seizures at least 24 hours apart. Unprovoked seizures don't have a clear cause.

Treatment with medicines or sometimes surgery can control seizures for most people with epilepsy. Some people require lifelong treatment. For others, seizures go away. Some children with epilepsy may outgrow the condition with age.²

The CDC reports that about one in ten people may have a seizure in their lifetime, but that most seizures usually do not require emergency medical attention.³ This bill addresses situations when they do.

² *Epilepsy: Overview* (October 14, 2023) Mayo Clinic, <https://www.mayoclinic.org/diseases-conditions/epilepsy/symptoms-causes/syc-20350093>. All internet citations are current as of July 4, 2025.

³ *First Aid for Seizures* (May 15, 2024) CDC, <https://www.cdc.gov/epilepsy/first-aid-for-seizures/index.html>.

Building off of recent laws, this bill provides similar qualified immunity to an employee of a licensed facility who has volunteered to administer antiseizure medication, has been authorized by the facility to do so, and has received the required training, as specified. The bill also provides such immunity to those providing training to the volunteer. Again, this immunity does not extend to acts or omissions constituting gross negligence or willful or wanton misconduct.

The relevant licensed facility is required to provide defense and indemnification for any and all civil liability of volunteers acting in accordance with this bill's provisions.

It should be noted that the existing Good Samaritan statute already provides a level of qualified immunity in such situations and the bill specifically provides that nothing therein affects that application of it. The language of this section is a bit ambiguous so, for clarity, the author has agreed to an amendment simply indicating that the application of Section 1799.102 is not affected by the liability provisions established in the bill.

According to the author:

Community Care Licensed day programs and Adult Residential Facilities provide essential care for individuals who have developmental disabilities. Despite providing care to a community which is 20 times more likely to suffer from epilepsy than the general population, Community Care Licensed day program and Adult Residential Facility staff are prohibited, by current regulations, from administering emergency inhalable anti-seizure medication. As a result individuals experiencing seizures must either wait for emergency medical personnel or be transported to a hospital, leading to prolonged seizures and unnecessary hospitalizations.

AB 1172 addresses this issue by establishing a framework to enable trained, voluntary staff within Community Care Licensed day programs and Adult Residential Facilities to administer emergency inhalable anti-seizure medication. This bill prevents delays in treatment, lowering the risk of serious medical outcomes and helping the developmentally disabled remain in stable care settings.

The Association of Regional Center Agencies, the sponsor of the bill, writes:

Seizures pose a significant medical risk for individuals with developmental disabilities. Many of these individuals depend on emergency antiseizure medication to manage prolonged seizures, which helps prevent life-threatening complications. This bill proposes allowing trained and voluntary staff in Community Care Licensed (CCL) day

programs and Adult Residential Facilities (ARFs) to administer inhalable emergency antiseizure medication. This change would enable immediate medical intervention, reducing the risk of preventable health issues. By doing so, it prevents delays in treatment, lowers the likelihood of serious medical outcomes, and helps individuals maintain stability in their care settings.

The California State Council on Developmental Disabilities writes in support:

Current state rules prohibit staff in CCL day programs and ARFs from administering emergency anti-seizure medication. Instead, individuals experiencing seizures must wait for emergency medical personnel or be transported to a hospital. This delay can lead to prolonged seizures, severe health complications, preventable hospitalizations, and forced placement in more restrictive care settings, such as institutionalization.

AB 1172 would establish a training program and create procedure to allow staff in these facilities to volunteer to administer emergency anti-seizure medication, providing immediate medical intervention and reducing preventable health risks. Importantly, AB 1172 will allow individuals with developmental disabilities to remain in care environments of their choice, promoting independence and self-determination.

SUPPORT

Association of Regional Center Agencies (sponsor)
California Collaborative for Long-term Services and Supports
California Disability Services Association
California State Council on Developmental Disabilities
Epilepsy Foundation Los Angeles
Epilepsy Foundation of America
Epilepsy Foundation of Northern California
Epilepsy Foundation of San Diego County

OPPOSITION

None received

RELATED LEGISLATION

Pending Legislation:

SB 466 (Caballero, 2025) provides total immunity from liability to a public water system in a civil case brought by non-governmental entities or individuals harmed by the water

system's acts or failure to act related to hexavalent chromium in drinking water during specified time periods. SB 466 is currently in the Assembly Judiciary Committee.

AB 369 (Michelle Rodriguez, 2025) provides qualified immunity to those administering, in good faith, anti-seizure rescue medication at the scene of an emergency, as provided AB 369 is currently in the enrollment process.

Prior Legislation:

SB 234 (Portantino, Ch. 596, Stats. 2023) requires public schools, institutions of higher education, stadiums, concert venues, and amusement parks to maintain unexpired doses of naloxone hydrochloride or another opioid antagonist on its premises and provides qualified immunity to those administering such opioid antagonists and to medical professionals for prescribing it.

AB 1166 (Bains, Ch. 97, Stats. 2023) extended qualified immunity to a person who, in good faith, and not for compensation, renders emergency treatment at the scene of an opioid overdose or suspected opioid overdose by administering an opioid antagonist.

AB 1810 (Levine, Ch. 906, Stats. 2022) *See* Executive Summary.

AB 635 (Ammiano, Ch. 707, Stats. 2013) afforded qualified immunity from civil liability, criminal prosecution, or professional review to licensed health care providers who issue prescriptions or standing orders, as specified; and immunity from civil action or criminal prosecution, or professional review, to any persons who possess or distribute naloxone pursuant to a prescription or standing order, or acting with reasonable care in administering naloxone, as specified.

PRIOR VOTES:

Senate Human Services Committee (Ayes 5, Noes 0)
Assembly Floor (Ayes 79, Noes 0)
Assembly Appropriations Committee (Ayes 14, Noes 0)
Assembly Judiciary Committee (Ayes 12, Noes 0)
Assembly Human Services Committee (Ayes 6, Noes 0)
