
THIRD READING

Bill No: AB 1172
Author: Nguyen (D), et al.
Amended: 7/17/25 in Senate
Vote: 21

SENATE HUMAN SERVICES COMMITTEE: 5-0, 6/30/25

AYES: Arreguín, Ochoa Bogh, Becker, Limón, Pérez

SENATE JUDICIARY COMMITTEE: 13-0, 7/15/25

AYES: Umberg, Niello, Allen, Arreguín, Ashby, Caballero, Durazo, Laird, Stern, Valladares, Wahab, Weber Pierson, Wiener

SENATE APPROPRIATIONS COMMITTEE: 7-0, 8/29/25

AYES: Caballero, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

ASSEMBLY FLOOR: 79-0, 6/4/25 - See last page for vote

SUBJECT: Adult day programs: administration of inhalable emergency antiseizure medications

SOURCE: Association of Regional Center Agencies

DIGEST: This bill (1) allows a licensed adult day program or adult residential facility (ARF), upon receipt of a request, to authorize any employee volunteer to administer inhalable emergency antiseizure medication to an individual diagnosed with seizures or epilepsy during a seizure emergency. (2) Requires the California Department of Social Services (CDSS) to adopt minimum training standards for recognizing and responding to seizures and require an employee volunteer to receive training. (3) Requires a licensed facility to provide notice to employee volunteers on their right to rescind an offer to volunteer at any time, and require a licensed facility to develop a seizure action plan for each individual diagnosed with seizures or epilepsy.

ANALYSIS:

Existing Law:

- 1) Establishes the California Community Care Facilities Act. Requires the California Department of Social Services (CDSS) to administer and license community care facilities providing nonmedical services, including adult day programs and residential facilities, among others. (Health and Safety Code (HSC) section 1500 et seq.)
- 2) 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. (HSC section 1502(a)(2))
- 3) Defines “residential facility” as any family home, group care facility, or similar facility determined by CDSS, 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. (HSC section 1502(a)(1))
- 4) Defines ARF as any facility of any capacity that provides 24-hour-a-day nonmedical care and supervision to the following:
 - a) Persons 18 years of age through 59 years of age; and
 - b) Persons 60 years of age and older, under specified requirements. (22 California Code of Regulations (CCR) section 80001(a)(5))
- 5) Requires community care facility licensees to ensure that each client receives first aid and other needed medical or dental services. Requires assistance for clients as needed with self-administration of prescription and nonprescription medications.
 - a) Provides that, in ARFs, facility staff who receive training may assist clients with metered-dose inhalers and dry powder inhalers if facility staff have received training from a licensed professional, as specified, and the licensed professional reviews staff performance, as deemed necessary, but at least once per year. (22 CCR section 80075)
- 6) Defines “developmental disability” to mean a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue,

indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of the Department of Developmental Services, in consultation with the Superintendent of Public Instruction, provides that this term shall include intellectual disability, cerebral palsy, epilepsy, and autism. Provides that this term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature. (Welfare and Institutions Code (WIC) section 4512(a))

- 7) 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. (HSC section 1799.102)
- 8) Establishes the Seizure Safe Schools Act. Provides that, if a pupil diagnosed with seizures, a seizure disorder, or epilepsy has been prescribed an emergency antiseizure medication by the pupil's health care provider, the pupil's local educational agency may, upon receipt of a request from the pupil's parent or guardian, designate one or more volunteers at the pupil's school to receive initial and annual refresher training, based on specified standards, regarding the emergency use of antiseizure medication from the school nurse or other qualified person designated by an authorizing physician and surgeon. (Education Code section 49468 et seq.)

This bill:

- 1) Defines the following terms, for purposes of this bill:
 - a. "Licensed facility" means an adult day program or an ARF.
 - b. "Seizure action plan" means a written, individualized health plan designed to prepare for, and respond to, the health care needs of an individual diagnosed with seizures, a seizure disorder, or epilepsy who has been prescribed inhalable emergency antiseizure medication.
 - c. "Volunteer" means an employee of a licensed facility who has volunteered to administer inhalable emergency antiseizure medication, has been authorized by the facility and has received training.
- 2) Authorizes a facility, upon receipt of a request from an individual diagnosed with seizures, a seizure disorder, or epilepsy who has been prescribed inhalable

emergency antiseizure medication by their health care provider, or the individual's authorized representative, to authorize any volunteer to administer inhalable emergency antiseizure medication to the individual during a seizure emergency.

- 3) Provides that a volunteer may administer inhalable emergency antiseizure medication to an individual diagnosed with seizures, a seizure disorder, or epilepsy if the individual is suffering from a seizure. Prohibits a volunteer from administering inhalable emergency antiseizure medication unless they have received training. Prohibits inhalable emergency antiseizure medication from being administered to an individual unless the licensed facility has a seizure action plan for the individual.
- 4) Allows a volunteer to rescind their offer to administer inhalable emergency antiseizure medication at any time, including after receiving training, without penalty or retaliation.
- 5) Requires a licensed facility to adopt policies to implement this bill that, among other things, ensure that any administration of inhalable emergency antiseizure medication complies with the conditions specified in an individual's seizure action plan.
- 6) Requires CDSS, on or before January 1, 2027, in consultation with organizations and providers with expertise in epilepsy or emergency antiseizure medication, as specified, to adopt minimum training standards for recognizing and responding to seizures, including administering inhalable emergency antiseizure medication. Specifies these standards may align with training requirements in the Seizure Safe Schools Act when appropriate to the setting, age, and ability of residents and participants.
- 7) Requires the adopted training standards to include all of the following:
 - a. Recognition of the signs and symptoms of seizures and the appropriate steps to be taken to respond to those symptoms.
 - b. Administering, or assisting with the self-administration of, an inhalable emergency antiseizure medication.
 - c. Basic emergency follow up procedures.
 - d. Written materials covering specified information.

- 8) Requires the training to be consistent with the requirements for medication administration in Title 22 regulations.
- 9) Requires licensed facilities to retain, for reference, written materials in a manner consistent with state law and regulations.
- 10) Requires training to be provided to volunteers at no cost to the volunteer and during the volunteer's regular working hours.
- 11) Requires licensed facilities to provide a notice to volunteers that informs them of their right to rescind an offer to volunteer at any time, including after receiving training, without penalty or retaliation. Requires the notice to include an explanation of the liability protections and indemnification requirements and state that there will be no retaliation against any employee for rescinding their offer to volunteer.
- 12) Requires a facility, if there are no volunteers at the licensed facility to administer inhalable emergency antiseizure medication, to notify the requesting individual, the individual's authorized representative, or their regional center service coordinator.
- 13) Requires a licensed facility to develop a seizure action plan approved by the individual or their authorized representative before administering inhalable emergency antiseizure medication prescribed to treat seizures. Requires the seizure action plan to include all of the following:
 - a. A written authorization signed by the individual or their authorized representative verifying that a seizure experienced by the individual may be responded to at the licensed facility by a nonmedical professional who has received training, including through the administration of emergency antiseizure medication prescribed to the individual. Provides that the authorization shall be effective for the calendar year in which it is granted and shall be renewed each calendar year, unless needed sooner.
 - b. A copy of a written statement from the individual's health care provider that includes all of the following information:
 - i. The individual's name.
 - ii. The name and purpose of the medication.
 - iii. The prescribed dosage.

- iv. The method of administration.
 - v. The frequency with which the medication may be administered.
 - vi. Detailed seizure symptoms, including frequency, type, or length of seizures, that identify when the administration of an inhalable emergency antiseizure medication becomes necessary.
 - vii. The circumstances under which the medication may be administered.
 - viii. Any potential adverse responses by the individual and recommended mitigation actions, including when to call emergency services, including the emergency 911 telephone number.
 - ix. Protocols for observing and caring for the individual after a seizure and after the administration of inhalable emergency antiseizure medication.
- c. Clear instructions on how and where the inhalable emergency antiseizure medication should be stored at the licensed facility.
- 14) Requires the facility administrator or their designee to document and maintain a copy of the individual's seizure action plan in compliance with all applicable state and federal privacy laws.
- 15) Requires the facility administrator or their designee to document the administration of medication, in accordance with Title 22 regulations, if a volunteer administers inhalable emergency antiseizure medication pursuant to this act.
- 16) Requires inhalable emergency antiseizure medication prescribed for the individual to be provided to the licensed facility with the label affixed by the dispensing pharmacy intact.
- 17) Requires any licensed facility that authorizes volunteers to ensure that each employee who volunteers to administer inhalable emergency antiseizure medication will be provided defense and indemnification for any and all civil liability, as specified. Requires this information to be reduced to writing, provided to the volunteer, and retained in the volunteer's personnel file.
- 18) Prohibits a volunteer who administers inhalable emergency antiseizure medication in compliance with this act, any person who provides training to a volunteer pursuant to this act, or any person who otherwise complies with the requirements of this act, in good faith and not for compensation, from being

subject to professional review, civil liability, or criminal prosecution for their actions or omissions.

- a. This protection shall not affect any of the following:
 - i. A person's liability for an act or omission that constitutes gross negligence or willful or wanton misconduct.
 - ii. A person's culpability for an act that constitutes a crime.
 - iii. The ability of a licensing board to take disciplinary action against a licensed healthcare professional for an act not specifically authorized by this article.
 - iv. The prohibition of liability for any civil damages 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.
- b. Provides that an employee of a licensed facility who volunteers to administer inhalable emergency antiseizure medication pursuant to this act shall not be deemed to be providing inhalable emergency antiseizure medication for compensation, notwithstanding the fact that the employee is a paid staff member of the facility.

Background

Purpose of this 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 antiseizure 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 antiseizure medication. This bill prevents delays in treatment, lowering the risk of serious medical outcomes and helping the developmentally disabled remain in stable care settings."

Adult Day Programs and Adult Residential Facilities. This bill defines a “licensed facility” as an adult day program or an ARF. Adult day programs provide assistance with personal care, activities of daily living, and/or supervision for participants age 18 and over. Services vary, but may include therapeutic activities such as art; social work; meals; physical, occupational, and speech therapy; self-help and self-advocacy skill development; behavior management; and social skills development. Adult day programs are available for older adults and individuals with intellectual and developmental disabilities. According to CDSS, as of July 1, 2024, there were 943 licensed adult day care programs in California with a capacity to serve 58,530 residents.

ARFs are generally considered facilities that provide residentially-based care for adults ages 18 through 59 who are unable to provide for their own daily needs. ARFs typically provide residential care for adults with mental health needs or developmental disabilities that prevent them from living at home safely on their own. According to CDSS, as of July 1, 2024, there were 5,895 licensed ARFs in California with a capacity to serve 39,201 residents.

This bill would apply to adult day programs and ARFs, which are only permitted to provide nonmedical care and supervision. Under Title 22 regulations, care and supervision may include assisting an individual with taking medication. Facility staff who have received training from a licensed professional may assist clients with metered-dose inhalers if certain requirements are met, but they are prohibited from administering injections. This bill would authorize a trained employee volunteer to administer inhalable medication, which current law and regulations do not address.

Seizure Disorders and Epilepsy. Seizures are sudden surges of abnormal and excessive electrical activity in the brain which can cause involuntary changes in body movement or function, sensation, behavior or awareness. Epilepsy, sometimes called seizure disorder, is a neurological disease that causes recurring, unprovoked seizures. It is important to note that anyone can experience a seizure, and not all seizures are the result of epilepsy. There are different types of seizures, different types of epilepsy syndromes, and different types of antiseizure treatments.

According to the Epilepsy Foundation, one in 26 people will develop epilepsy during their lifetime, and epilepsy can occur alongside other health conditions of the brain, including cerebral palsy, intellectual disability, autism, Alzheimer’s disease, traumatic brain injury, and stroke. Epilepsy is often a comorbidity for individuals with autism spectrum disorder or cerebral palsy. An epilepsy diagnosis

on its own, without a developmental disability diagnosis, is a qualifying condition for regional center services if the condition originated prior to age 18, is expected to be lifelong, and constitutes a substantial disability for the individual.

Emergency Antiseizure Medications. According to a 2024 review by the American Epilepsy Society, more than 30 antiseizure medications are available for prescription in the United States. Administration of emergency antiseizure medications may be oral, sublingual (held under the tongue), buccal (held in the mouth), rectal, or intranasal (nasal spray). This bill refers to inhalable emergency antiseizure medication, which are also called nasal rescue medicines. Current nasal rescue medicines approved by the FDA include diazepam and midazolam. According to the Epilepsy Foundation, “Most commonly, [diazepam] will be administered by a family or care partner. However, a person can give the nasal spray to themselves if they are not having a seizure at the time.” This bill would permit an adult day services or an ARF to authorize an employee volunteer who receives training to administer inhalable emergency antiseizure medication to an individual diagnosed with seizures or epilepsy if that person is suffering from a seizure.

Seizure Safe School Act. SB 161 (Huff, Chapter 560, Statutes of 2011) authorized local educational agencies to train nonmedical school employee volunteers to administer emergency antiseizure medication to students with epilepsy. Schools electing to participate were required to develop a school plan including identification of staff to be trained, pupils who may require antiseizure medication, authorization from the parent, and written instructions from the pupil’s healthcare provider. SB 161 also authorized, but did not require, schools to prepare an individualized health plan or seizure action plan to prepare for the child’s health care needs in school. The California Department of Education was required to develop guidelines for the training and supervision of employee volunteers. The bill contained significant protections for employee volunteers to avoid coercion by school administrators, as well as protections from civil liability. The provisions of SB 161 expired in 2017 without being renewed. AB 1810 (Levine, Chapter 906, Statutes of 2022), the Seizure Safe Schools Act, reinstated the authority for trained nonmedical school employee volunteers to administer antiseizure medication.

This bill was developed based on the language in the Seizure Safe Schools Act. However, a key difference between this bill and AB 1810 is that this bill applies specifically to inhalable medications, whereas AB 1810 does not explicitly limit the drug formulation type of emergency antiseizure medications that may be

administered to students. The bills also require involvement from different stakeholders.

Related/Prior Legislation

AB 2317 (Stephanie Nguyen, Chapter 563, Statutes of 2024) required CDSS, in consultation with the Emergency Medical Services Authority and Department of Education, on or before July 1, 2027, to establish an anaphylactic policy with guidelines and procedures recommended for child care personnel to prevent a child from suffering from anaphylaxis. This bill authorized, starting January 1, 2028, a child care facility to implement the anaphylactic policy, and required, starting January 1, 2026, specified staff to receive training that includes instruction on the prevention and treatment of anaphylaxis.

AB 1810 (Levine, Chapter 906, Statutes of 2022) authorized a trained employee volunteer at a school or local educational agency to administer emergency antiseizure medication to a pupil upon the request of the parent, required the development of state standards for the training, and required the parent to provide specified information to the local educational agencies, including a seizure action plan.

SB 161 (Huff, Chapter 560, Statutes of 2011) authorized local educational agencies, county offices of education, or charter schools to participate in a program to train non-medical school employee volunteers to administer emergency antiseizure medication to students with epilepsy. The provisions of this bill sunset in 2017.

Comments

Current community care facility regulations require medications to be self-administered. However, when a person is experiencing a seizure, they are unable to self-administer medication, meaning individuals with seizure and epilepsy diagnoses cannot access services in these facilities. This bill seeks to address this issue by allowing employee volunteers to administer inhalable emergency antiseizure medications if the employee receives training and the facility has an individualized seizure action plan for the individual. This bill is similar to education statute, which allows employee volunteers to administer emergency antiseizure medication to students if the employee receives training and the local educational agency has an individualized seizure action plan for the student.

[Note: See the Senate Human Services Committee and Senate Judiciary Committee analyses for additional background on this bill.]

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Senate Appropriations Committee, “Unknown ongoing General Fund costs, likely hundreds of thousands, for the California Department of Social Services (CDSS) for state administration.”

SUPPORT: (Verified 8/29/25)

Association of Regional Center Agencies (Sponsor)

Biocom California

California Disability Services Association

Easterseals Northern California

Epilepsy Foundation Los Angeles

Epilepsy Foundation of America

Epilepsy Foundation of Northern California

Epilepsy Foundation of San Diego County

Scdd

OPPOSITION: (Verified 8/29/25)

None received

ASSEMBLY FLOOR: 79-0, 6/4/25

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

Prepared by: Diana Dominguez / HUMAN S. / (916) 651-1524

9/2/25 9:27:25

**** **END** ****