
THIRD READING

Bill No: AB 1172
Author: Nguyen (D), et al.
Amended: 9/5/25 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 intranasal emergency antiseizure medications

SOURCE: Association of Regional Center Agencies

DIGEST: This bill allows a licensed adult day program or adult residential facility (ARF), upon receipt of a request, to authorize an administrator or authorized employee volunteer to administer intranasal emergency antiseizure medication to a client diagnosed with seizures or epilepsy during a seizure emergency. This bill requires the California Department of Social Services (CDSS) to adopt minimum training standards for recognizing and responding to seizures and require an administrator or authorized volunteer to receive training. This bill requires a licensed facility to provide notice to administrators or authorized 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 client diagnosed with seizures or epilepsy.

Senate Floor Amendments of 9/5/25 add specificity to requirements for licensees and add references to regulations sections pertaining to adult day programs.

Senate Floor Amendments of 9/3/25 further specify/define requirements of licensees, administrators and authorized volunteers, regional centers, and CDSS.

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) 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 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 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) 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 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) 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 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 49468 et seq.)

This bill:

- 1) Defines the following terms, for purposes of this bill:
 - a) “Administrator” means the licensee, or the adult designated by the licensee to act in their behalf in the overall management of the facility or day program.
 - b) “Authorized representative” means any person or entity authorized by law to act on behalf of any client. For ARFs such person or entity may include but not be limited to a minor’s parent, a legal guardian, a conservator or a public

placement agency. For adult day programs such person or entity may include, but not be limited to, a conservator.

- c) “Authorized volunteer” means an employee of a licensee who has volunteered to administer intranasal emergency antiseizure medication, has been authorized by the licensee, and has received training.
 - d) “Health Care Provider” means a licensed health care professional, including, but not limited to, physicians and surgeons, physician assistants, nurses, and nurse practitioners operating within their scope of practice.
 - e) “Licensed facility” or “licensee” means an ARF or adult day program.
 - f) “Seizure action plan” means a written, individualized health plan developed by the client or their authorized representative in consultation with a health care provider that is designed to prepare for, and respond to, the health care needs of a client diagnosed with seizures, a seizure disorder, or epilepsy who has been prescribed intranasal emergency antiseizure medication.
- 2) Authorizes a licensee, upon receipt of a request from a client diagnosed with seizures, a seizure disorder, or epilepsy who has been prescribed intranasal emergency antiseizure medication by their health care provider, or the client’s authorized representative, to allow an administrator or authorized volunteer to administer intranasal emergency antiseizure medication to the client during a seizure emergency.
 - 3) Provides that an administrator or authorized volunteer may administer intranasal emergency antiseizure medication to a client diagnosed with seizures, a seizure disorder, or epilepsy if the client is suffering from a seizure, as outlined in the client’s seizure action plan. Prohibits an administrator or authorized volunteer from administering intranasal emergency antiseizure medication unless they have received training. Prohibits intranasal emergency antiseizure medication from being administered to a client unless the licensee has a seizure action plan for the client.
 - 4) Allows an administrator or authorized volunteer to rescind their offer to administer intranasal emergency antiseizure medication at any time, including after receiving training, without penalty or retaliation.
 - 5) Requires a licensee to adopt policies to implement this bill that, among other things, ensure that any administration of intranasal emergency antiseizure medication complies with the conditions specified in an client’s seizure action plan.

- 6) Requires CDSS, on or before January 1, 2028, 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 intranasal emergency antiseizure medication, and identify appropriate entities to provide training. 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 intranasal emergency antiseizure medication.
 - c) Basic emergency follow up procedures.
 - d) Written materials covering specified information.
- 8) Requires licensees and regional centers to retain, for reference, written materials prepared pursuant to the provisions of this bill in a readily available manner in a central administrative location.
- 9) Requires training to be provided to administrators and authorized volunteers at no cost to the volunteer and during their regular working hours. Requires documentation of training for each administrator and authorized volunteer to be retained in accordance with the requirements in Title 22 regulations.
- 10) Requires licensees to provide a notice to administrators and authorized 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 them for rescinding their offer to volunteer.
- 11) Requires a facility, if there are no administrators or authorized volunteers at the licensed facility able to administer intranasal emergency antiseizure medication, to notify the requesting client, the client's authorized representative, or their regional center service coordinator, to coordinate care for the client.

- 12) Requires a licensed facility to be in receipt of a seizure action plan approved by the client or their authorized representative before administering intranasal 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 client or their authorized representative verifying that a seizure experienced by the client 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 client. 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 client's health care provider that includes all of the following information:
 - i. The client'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 intranasal emergency antiseizure medication becomes necessary.
 - vii. The circumstances under which the medication may be administered.
 - viii. Any potential adverse responses by the client and recommended mitigation actions, including when to call emergency services, including the emergency 911 telephone number.
 - ix. Protocols for observing and caring for the client after a seizure and after the administration of intranasal emergency antiseizure medication.
 - c) Clear instructions on how and where the intranasal emergency antiseizure medication should be stored at the licensed facility.

- 13) Requires the facility administrator or their designee to document and maintain a copy of the client's seizure action plan in compliance with all applicable state and federal privacy laws.
- 14) Requires the licensee to maintain with the client's seizure action plan a description of how the licensee will coordinate care for the client in the absence of an administrator or authorized volunteer and what actions will be taken to ensure the continued safety of the client. Requires the licensee to maintain the client's seizure action plan and the description to coordinate care in a manner consistent with client record requirements for their facility type pursuant to Title 22 regulations.
- 15) Requires the facility administrator or their designee, if an administrator or authorized volunteer administers intranasal emergency antiseizure medication pursuant to this act, to maintain a record of each dose administered in a manner consistent with the documentation of medications provided to a client for self-administration in accordance with Title 22 regulations.
- 16) Requires intranasal emergency antiseizure medication prescribed for the client to be provided to the licensee with the label affixed by the dispensing pharmacy intact.
- 17) Requires any licensee that allows administrators or authorized volunteers to ensure that each administrator or authorized volunteer 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 administrator or authorized volunteer, and retained in their personnel file.
- 18) Prohibits an administrator or authorized volunteer who administers intranasal 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, or the actions or omissions of a volunteer.
 - 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.
- 19) Provides that an administrator or authorized volunteer who volunteers to administer intranasal emergency antiseizure medication pursuant to this act shall not be deemed to be providing intranasal emergency antiseizure medication for compensation, notwithstanding the fact that the administrator or authorized volunteer is a paid staff member of the facility.

Background

Purpose of 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 intranasal 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 intranasal 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” or “licensee” 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 administrator or authorized employee volunteer to administer intranasal (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 intranasal 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 administrator or authorized employee volunteer who receives training to administer intranasal emergency antiseizure medication to a client 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 intranasal 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 clients with seizure and epilepsy diagnoses who rely on intranasal antiseizure medication cannot access services in these facilities. This bill seeks to address this issue by allowing administrators or authorized employee volunteers to administer intranasal emergency antiseizure medications if the employee receives training and the facility has an individualized seizure action plan for the client. 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 9/5/25)

Association of Regional Center Agencies (Source)

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 9/5/25)

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

9/8/25 21:38:00

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