

CONCURRENCE IN SENATE AMENDMENTS

AB 1172 (Nguyen)

As Amended September 5, 2025

Majority vote

SUMMARY

Permits a licensed adult day program or adult residential facility (ARF), upon receipt of a request, to authorize any employee volunteer to administer intranasal emergency antiseizure medication to an individual diagnosed with seizures or epilepsy during a seizure emergency and requires California Department of Social Services (CDSS) to adopt minimum training standards for recognizing; requires a licensed facility to provide notice to employee volunteers on their right to rescind an offer to volunteer at any time, and requires a licensed facility to develop a seizure action plan for each individual diagnosed with seizures or epilepsy.

Senate Amendments

1) Modify the following definitions:

- 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.

2) Add the following definitions:

- a) "Administrator" means the licensee, or the adult designated by the licensee to act in his/her behalf in the overall management of the facility.
- b) "Authorized representative" means any person or entity authorized by law to act on behalf of any client. 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.
- c) "Health Care Provider" means a health care professional licensed pursuant to Division 2 of the Business and Professions Code, including, but not limited to, physicians and surgeons, physician assistants, nurses, and nurse practitioners operating within their scope of practice.

3) Strike reference to inhalable, and instead replaces it with intranasal.

4) Extend the year CDSS must adopt training standards from 2027 to 2028, and requires CDSS to identify appropriate entities to provide training.

5) Require regional centers in addition to licensees to retain, for reference, the written materials prepared pursuant to this section, in a readily available manner, in a central administrative location.

- 6) Require licensees 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.
- 7) Require documentation of training for each administrator and authorized volunteer in accordance with existing California Code of Regulations for adult residential facilities.
- 8) Require a licensee to maintain the client's seizure action plan and the description in accordance with existing California Code of Regulations for adult residential facilities
- 9) Remove a provision that specifies protections would be not affect "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."

COMMENTS

Background: Epilepsy and the Intellectual/Developmentally Disabled Community are Highly Correlated. In California, epilepsy alone can be considered a developmental disability when it persists past 18 years of age and it impedes activities of daily living (ADLs). Additionally, epilepsy is also often a comorbidity for individuals with autism spectrum disorder (ASD) or cerebral palsy.

Seizures are more common in individuals with ASD than in the general population. In the general population, less than 1% of individuals 17 years of age and younger develop clinical seizures. By comparison, in children 13 years of age and older with ASD, 26% were diagnosed with epilepsy. (Viscidi E.W. et. al, 2013) Similarly, the Epilepsy Foundation reports, "About 25% to 35% of all children with cerebral palsy have epilepsy." There is not a conclusion on the precise correlation, but researchers generally believe it is linked to similar neurological abnormalities. Given the higher risk statistical chance that some with an Intellectual or Developmental Disability (I/DD), it does warrant the discussion: Should non-medical caretakers be trained and responsible to administer epileptic medication during an emergency?

Adult Day Programs and Adult Residential Facilities. CDSS is responsible for licensing and oversight of community care facilities that provide care to older adults as well as adults with disabilities. These programs do not and cannot provide medical services without additional licensing.

Adult day programs often assist working caregivers to balance the needs of work and caregiving responsibilities as well as respite for full-time family caregivers. These programs are designed to help people stay mentally and physically active while reducing their isolation, improving their health, and preventing the decline of their abilities. These programs may serve persons who are between 18 and 59 years of age or those who are 60 years of age or older under specified requirements. These clients may have a mental, physical, or developmental disability.

Sometimes called board and care homes, ARFs are residential facilities that offer 24-hour nonmedical care and supervision for persons in need of personal services, supervision, or assistance essential for sustaining the ADLs or for the protection of the individual. ARFs may serve persons who are between 18 and 59 years of age or those who are 60 years of age or older under specified requirements. These clients may have a mental, physical, or developmental disability.

ARFs are for people who are unable to live by themselves but who do not need 24-hour nursing care. They are considered non-medical facilities and are not required to have nurses, certified nursing assistants, or doctors on staff. Facilities usually centrally store and distribute medications for residents to self-administer.

Epileptic Drugs for Emergency Use. Emergency rescue medications for epilepsy can stop a seizure crisis near immediately. These medications are fast-acting with their effects wearing off within hours. Because taking an oral medication is often not possible during a seizure, emergency management of seizures is available in forms that can be injected into a muscle, administered intravenously, used as a nasal spray, or administered rectally. Often these varied approaches are tailored to the individual's needs. For example, someone who experiences cluster seizures is recommended to take benzodiazepine; however, Nasal Valtoco, Nayzilam, and rectal diazepam gel are FDA-approved rescue medications. (Jafarpour S. et. al, 2018)

This bill only allows for the use of intranasal medications. A staff volunteer would not be permitted to administer intramuscularly, intravenously, or rectally.

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 population 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.

"[This bill] 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."

Arguments in Support

According to the Association of Regional Center Agencies, the sponsor of the bill, 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.

Arguments in Opposition

No opposition on file.

FISCAL COMMENTS

According to the Senate Appropriations Committee on August 15, 2025: unknown ongoing General Fund costs, likely hundreds of thousands, for the California Department of Social Services (CDSS) for state administration.

VOTES:

ASM HUMAN SERVICES: 6-0-0

YES: Lee, Castillo, Calderon, Elhawary, Jackson, Celeste Rodriguez

ASM JUDICIARY: 12-0-0

YES: Kalra, Dixon, Bauer-Kahan, Bryan, Connolly, Harabedian, Macedo, Pacheco, Lee, Sanchez, Stefani, Zbur

ASM APPROPRIATIONS: 14-0-1

YES: Wicks, Arambula, Calderon, Caloza, Dixon, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache, Ta, Tangipa

ABS, ABST OR NV: Sanchez

ASSEMBLY FLOOR: 79-0-0

YES: 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

UPDATED

VERSION: September 5, 2025

CONSULTANT: Alexandria Smith / HUM. S. / (916) 319-2089

FN: 0001814