Date of Hearing: March 18, 2026

ASSEMBLY COMMITTEE ON EDUCATION
Darshana R. Patel, Chair
AB 1586 (Ramos) – As Introduced January 14, 2026

SUBJECT: Opioid overdose reversal medication: school resource officers

SUMMARY: Requires all school resource officers to carry opioid overdose medication and be trained in responding to opioid overdoses. Specifically, **this bill**:

1) Requires all school resource officers to carry an opioid antagonist, such as naloxone hydrochloride (NH) or another drug approved by the U.S. Food and Drug Administration (FDA) that negates or neutralizes the effects of opioids.

2) Requires all school resource officers to complete a training in opioid overdose recognition and response that has been approved by the Commission on Peace Officer Standards and Training (POST) or the State Department of Health Care Services (DHCS). Requires trainings be completed upon assignment to a school site and repeated at least every two years. States that trainings may be integrated into existing POST continuing professional training requirements to minimize administrative burden.

3) Clarifies that school resource officers who administer opioid antagonists in good faith to a person who appears to be experiencing an opioid overdose constitutes the rendering of emergency care. Prohibits a school resource officer or the entity employing or contracting them from being held civilly or criminally liable, unless there is related gross negligence or willful or wanton misconduct.

4) Requires the DCHS, in consultation with POST, to provide implementation guidance to local education agencies and law enforcement agencies on accessing opioid antagonists at low or no cost and integrating overdose response into school safety planning.

5) Encourages existing state and local resources to be used to produce opioid antagonists and support training programs, such as the Naloxone Distribution Project (NDP) administered by the DHCS, opioid settlement funds, federal grants, and private or philanthropic donations.

EXISTING LAW:

1) Requires County Offices of Education (COEs) to purchase and distribute at least two units of emergency opioid antagonists to each middle school, junior high school, high school, and adult school schoolsite within their jurisdiction. Requires at least two staff members per schoolsite be trained to administer emergency opioid antagonists. (Education Code (EC) 49414.8)

2) Appropriates $3.5 million annually from the General Fund for the purpose of maintaining sufficient opioid antagonist stock, which may complement funding received by the DHCS NDP. (EC 49414.8)

3) Authorizes school districts, COEs, and charter schools to provide emergency NH or another opioid antagonist to school nurses or trained volunteer personnel for the purpose of providing

emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose. Requires trainings to include specified content and be developed by the Superintendent in consultation with expert organizations, such as the California Society of Addiction Medicine and the Emergency Medical Services Authority. Requires the California Department of Education (CDE) to post best practices in training nonmedical personnel to administer opioid antagonists to pupils. Opioid antagonists shall be provided to participating school sites via prescription from an authorizing physician. (EC 49414.3)

4) States a Local Education Agency (LEA) shall not prohibit a pupil 12 years of age or older from carrying an opioid antagonist or administering it to a person who appears to be suffering from an opioid overdose (EC 4914.35)

5) Requires CDE to post on its website information on providing emergency opioid antagonists. (EC 49428.16)

FISCAL EFFECT: This bill has been keyed as a possible state-mandated local program by the Office of Legislative Counsel.

COMMENTS:

Need for the bill: According to the author, "School Resource Officers have been a crucial part of our students' safety. Ensuring that they have naloxone on hand and are properly trained to use it will provide schools with someone on site who can safely intervene when an incident occurs. Because every minute counts, making sure more people have access to this life-saving drug is essential to protecting our students."

Opioids, especially fentanyl, are a critical threat to the lives of California youth. Fentanyl is a potent synthetic opioid approved by the FDA for use as an analgesic and anesthetic. Compared to other common opioids, fentanyl is approximately 50 times stronger than heroin and 100 times stronger than morphine. This increase in strength makes it far easier to experience a potentially life-threatening overdose while using fentanyl.

According to the California Department of Public Health (CDPH), fentanyl-related overdose deaths increased by 625% among ages 10-19 from 2018 to 2020, and there were 177 fentanyl-related overdose deaths and 1,165 opioid-related overdose emergency departments visits among youth ages 10 to 19 years old in 2022.

Opioid antagonists can reverse overdoses. Opioid antagonists are drugs that can rapidly reverse the effects of an opioid overdose and potentially deliver life-saving care. One of the most commonly used opioid antagonists is naloxone hydrochloride (NH) (often found under the brand name Narcan). It attaches to opioid receptors and reverses and blocks the effects of other opioids. NH can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose.

The FDA has approved two forms, an injectable and a prepackaged nasal spray. The nasal spray was approved for over-the-counter use in 2023. This allows this form of Narcan to be sold directly to consumers in drug stores, grocery stores, as well as online.

The Naloxone Distribution Project (NDP). A distribution program administered through the DHCS, the NDP allows various entities, including schools and law enforcement, to apply for and

obtain NH at no cost to the institution. As of March 9, 2026, the NDP has distributed over 8 million NH kits across California, of which nearly half a million (6%) went to schools and colleges.

It is unclear how many school resource officers would be affected by this bill. Currently, the number of school resource officers a district employs is a local decision. Some schools have chosen not to have school resource officers at all. Some larger districts, such as Los Angeles Unified, have formed their own school police departments, which may or may not already have an opioid antagonist policy. There is currently no central count of how many school resource officers are deployed in schools, and of those, how many do not already carry opioid antagonists. Thus, it is unknown how many additional units of opioid antagonists would be needed under this bill, and whether existing resources (including the NDP) can sufficiently cover them. In order to ensure enough time to identify and distribute the number of additional opioid antagonists now needed, ***staff recommends the bill be amended to*** state the implementation will begin in the 2027-2028 school year.

The need for more opioid antagonists on school campuses is currently unclear. Currently, all LEAs must have at least two employees per school site who are trained in the use of opioid antagonists and keep unexpired antagonists on site. Staff who volunteer to provide opioid antagonists must undergo a training developed by the Superintendent of Public Instruction, and are protected from liability or retaliation in the event that they do or do not administer opioid antagonists. Additionally, any individual over the age of 12 is allowed to carry opioid antagonists while on school property and be held harmless if they are used in good faith. There is anecdotal evidence that many school resource officers, as well as school nurses, are already prepared to administer opioid antagonists if necessary. ***Staff recommends the bill be amended to*** remove the requirement that SROs carry opioid antagonists, and clarify that they may voluntarily do so subject to the current volunteer program.

There is currently limited data on the frequency at which opioid antagonists are deployed on school properties. Similarly, the number of instances where an opioid antagonist was needed but not available at a school is currently unknown. According to the NDP, schools and colleges submit the highest number of applications for Narcan, but less than 1% of reported NH reversals occur on school properties. This would suggest that the current supply of opioid antagonists is far greater than the need.

To gauge the effectiveness of equipping school resource officers with opioid antagonists, ***staff recommends the bill be amended*** to include a report in five years, developed by POST in collaboration with CDPH, on how many SROs received opioid antagonists, how often they were used, and how often they were needed but unavailable.

Arguments in support: According to the California Association of Alcohol and Drug Program Executives (sponsor), “Our members work on the front lines of the opioid epidemic and regularly see the devastating consequences of overdose, including among young people exposed to illicit fentanyl. In many cases, overdoses occur unexpectedly and in settings where immediate medical response is not available. Rapid access to naloxone and individuals trained to administer it can mean the difference between life and death.

Youth overdose risk has increased dramatically in recent years due to the proliferation of fentanyl in counterfeit pills and other substances. Adolescents may unknowingly ingest fentanyl,

leading to sudden overdose situations that require immediate intervention. School campuses are increasingly encountering these emergencies, and in many cases school resource officers or other school safety personnel are among the first adults present who could respond. Ensuring these personnel have standardized training and access to naloxone is a commonsense step to improve school safety and protect student health in everyday school environments—bathrooms, parking lots, athletic facilities, and before- or after-school activities—often in the presence of peers or adults. Reports indicate that bystanders that were present in these overdose situations did not intervene in time. This bill will strengthen campus emergency preparedness at minimal cost and without disrupting current training structures while also bringing school-based safety practices into alignment with California's existing emergency medication and public health standards."

Related legislation. AB 2998 (McKinnor) of the 2023-24 Session would prohibit school districts, COEs, and charter schools, from preventing a student from carrying or administering an opioid reversal medication.

AB 3271 (Joe Patterson) of the 2023-24 Session would have required each public school that has chosen to permit school nurses or voluntarily trained personnel to use naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to persons suffering from an opioid overdose, to maintain at least two units of naloxone hydrochloride or another opioid antagonist on its site. This bill was held in the Assembly Appropriations Committee.

AB 1915 (Arambula) of the 2023-24 Session would have required the CDPH to develop, by July 1, 2026, a training program and toolkit for public school students in grades nine to 12, to gain skills in how to identify and respond to an opioid overdose, including the administering of a federally approved opioid overdose reversal medication. This bill was held in the Assembly Appropriations Committee.

SB 10 (Cortese), Chapter 856, Statutes of 2023, adds to the list of requirements for a comprehensive school safety plan, a protocol in the event a pupil is suffering or is reasonably believed to be suffering from an opioid overdose.

AB 889 (Joe Patterson), Chapter 123, Statutes of 2023, requires a school district, COE, and charter school to annually inform parents or guardians of the dangers associated with using synthetic drugs at the beginning of the first semester or quarter of the regular school term and to post this information on their websites.

AB 19 (Joe Patterson) of the 2023-24 Session would have required public schools to maintain at least two doses of naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to a person suffering from an opioid overdose. This bill was held in the Senate Appropriations Committee.

SB 472 (Hurtado) of the 2023-24 Session would have required 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 hydrochloride or another opioid antagonist pursuant to the standing order for naloxone hydrochloride and would have required LEAs, COEs, and charter schools to report to the DHCS for failure to distribute naloxone hydrochloride. This bill was held in the Senate Appropriations 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.

Recommended Committee amendments. Staff recommends that the bill be amended as follows:

1) Remove the requirement that all SROs must carry opioid antagonists.

2) Clarify that the training provided by POST qualifies all SROs to voluntarily administer opioid antagonists under the current school opioid antagonist volunteer program, as defined in EC 49414.3, and be subject to all protections therein.

3) State that implementation of these provisions will begin in the 2027-2028 school year.

4) Include a provision that requires SROs to report opioid antagonist receivership and usage to POST, who, in collaboration with CDPH as needed, will provide a report to the legislature in five years that includes:

    a) The number of opioid antagonists distributed to SROs;

    b) The number of incidents in which SROs used opioid antagonists on school campuses; and

    c) The number of incidents in which an SRO needed an opioid antagonist and one was not available.

REGISTERED SUPPORT / OPPOSITION:

Support

Alameda County Office of Education
American Academy of Pediatrics, California
Arcadia Police Officers' Association
Brea Police Association
Burbank Police Officers' Association
California Association for Health, Physical Education, Recreation & Dance
California Association of Alcohol and Drug Program Executives, INC.
California Association of School Police Chiefs
California Coalition of School Safety Professionals
California Consortium of Addiction Programs and Professionals
California Narcotic Officers' Association
California Reserve Peace Officers Association
California Youth Empowerment Network
California Federation of Teachers
Claremont Police Officers Association
Corona Police Officers Association
County Behavioral Health Directors Association
Culver City Police Officers' Association
Fullerton Police Officers' Association
Los Angeles School Police Management Association

Los Angeles School Police Officers Association
Murrieta Police Officers' Association
Newport Beach Police Association
Palos Verdes Police Officers Association
Placer County Deputy Sheriffs' Association
Pomona Police Officers' Association
Riverside Police Officers Association
Riverside Sheriffs' Association
8 individuals

Opposition

None on file.

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