

ASSEMBLY THIRD READING

AB 1586 (Ramos)

As Amended March 23, 2026

Majority vote

SUMMARY

Requires all school resource officers (SROs) to complete trainings approved by the Commission on Peace Officer Standards (POST) or the State Department of Health Care Services (DHCS) on opioid overdose recognition and response, and to annually report their opioid antagonist administration to POST. Requires POST and the DHCS to submit a report to the Legislature by January 1, 2031, that details opioid antagonist administration by SROs at schoolsites.

Major Provisions

- 1) Requires all SROs to complete a POST- or DHCS-approved training in opioid overdose recognition and response upon assignment to a schoolsite and at least every two years thereafter. Clarifies that trainings may be integrated into existing POST continuing professional training requirements to minimize administrative burden.
- 2) Clarifies that an SRO may voluntarily administer opioid antagonists to a person who appears to be experiencing an overdose under the existing volunteer program, and that the trainings provided by POST or DHCS satisfy the training requirement for the volunteer program.
- 3) Prohibits an SRO or their employer from being held civilly or criminally liable for administering an opioid antagonist in good faith, unless there is related gross negligence or willful or wanton misconduct.
- 4) Requires the DHCS, in consultation with POST, to provide implementation guidance to local education agencies (LEAs) and law enforcement agencies on accessing opioid antagonists at low or no cost and integrating overdose response into school safety planning.
- 5) Requires SROs to annually report to POST the number of units of opioid antagonist they received; the number of times the SRO administered an opioid antagonist while serving at a schoolsite; and the number of times the SRO needed an opioid antagonist but did not have one available. Requires POST, in collaboration with the DHCS as needed, to submit a report to the Legislature by January 1, 2031, with this aggregated information.
- 6) Encourages existing state and local resources to be used to provide opioid antagonists and support training programs, such as the Naloxone Distribution Project administered by the DHCS, opioid settlement funds, federal grants, and private or philanthropic donations.

COMMENTS

Opioids, especially fentanyl, are a threat to the lives of California youth. According to the California Department of Public Health (CDPH), fentanyl-related overdose deaths increased by 625% among ages 10-19 from 2018 to 2020. Fentanyl is a potent synthetic opioid 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. In youth aged 10-19, the CDPH reported 177 fentanyl-related overdose deaths and 1,165 opioid-related overdose emergency departments 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 common opioid antagonists is naloxone hydrochloride, often found under the brand name Narcan. Naloxone attaches to opioid receptors and reverses and blocks the effects of other opioids. Naloxone can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose.

The FDA has approved an injectable form of naloxone and a prepackaged nasal spray. The nasal spray was approved for over-the-counter use in 2023, allowing it to be sold directly to consumers in drug stores, grocery stores, and online.

Existing programs for managing opioid overdoses in schools. Currently, all public middle schools, junior high schools, high schools, and adult schools must maintain at least two units of opioid antagonists and have at least two employees who are trained in their use. 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 SROs, as well as school nurses, are already prepared to administer opioid antagonists under this existing framework. This bill would clarify that SROs must be trained to administer opioid antagonists, and that they may then volunteer to use opioid antagonists and be subject to the existing protections.

The extent of opioid antagonist use on school sites, and by SROs, is currently unclear. 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 Naloxone Distribution Project, schools and colleges submit the highest number of applications for naloxone, but less than 1% of reported overdose reversals occur on school properties. This would suggest that the current supply of opioid antagonists is far greater than the need. Further, there is currently no central count of how many SROs are deployed in schools, and of those, how many are trained to use or actually use opioid antagonists in a schools.

The reporting requirements of this bill would likely add clarity to the extent of SRO opioid antagonist administration at schoolsites, and whether additional resources or support are needed.

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."

Arguments in Support

According to the California Association of Alcohol and Drug Program Executives, "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.

Arguments in Opposition

None on file.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, "Minor and absorbable costs to POST. A cost estimate from DHCS was not available as of the publishing of this analysis but the bill creates likely minor and absorbable costs for DHCS to provide required guidance."

VOTES**ASM EDUCATION: 8-0-0**

YES: Patel, Hoover, Alvarez, Bonta, Castillo, Garcia, Lowenthal, Zbur

ASM APPROPRIATIONS: 14-0-1

YES: Wicks, Hoover, Aguiar-Curry, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa

ABS, ABST OR NV: Arambula

UPDATED

VERSION: March 23, 2026

CONSULTANT: Sarah Cate Hawthorne / ED. / (916) 319-2087

FN: 0002517