
SENATE COMMITTEE ON EDUCATION

Senator Sasha Renée Pérez, Chair

2025 - 2026 Regular

Bill No:	AB 1586	Hearing Date:	June 17, 2026
Author:	Ramos		
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Urgency:	No	Fiscal:	Yes
Consultant:	Therresa Austin		

Subject: Opioid overdose reversal medication: school resource officers.

Note: This bill has been referred to the Committees on Education and *Public Safety*. A “do pass” motion should include referral to the Committee on *Public Safety*.

SUMMARY

This bill requires (1) school resource officers (SRO), commencing with the 2027–28 school year, and at least every two years thereafter, to complete opioid overdose recognition and response training that is approved by the Commission on Peace Officer Standards and Training (POST) or the California Department of Health Care Services (DHCS); (2) clarifies existing authorizations and liability protections for SROs to administer emergency opioid antagonists to persons believed to be experiencing an opioid overdose; (3) requires SROs to annually report on opioid antagonist usage, as specified; and (4) requires California Department of Public Health (CDPH) to submit a report to the Legislature on the SRO reported information.

BACKGROUND

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) Authorizes school districts, COEs, and charter schools to provide naloxone hydrochloride or another opioid antagonist to school nurses or trained personnel who have volunteered, as specified, and authorizes school nurses or trained personnel to use naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose. (EC § 49414.3)
- 3) Requires the State Superintendent of Public Instruction (SPI) to establish minimum training standards for the administration of naloxone or another opioid antagonist, and refresh those standards as necessary, every 5 years. Requires that training to include the following:
 - a) Techniques for recognizing symptoms of an opioid overdose.

- b) Standards and procedures for the storage, restocking, and emergency use of naloxone hydrochloride or another opioid antagonist.
 - c) Basic emergency follow up procedures, including, but not limited to, a requirement for the school or charter school administrator or, if the administrator is not available, another school staff member to call the emergency 911 telephone number and to contact the pupil's parent or guardian.
 - d) Recommendations on the necessity of instruction and certification in cardiopulmonary resuscitation.
 - e) Written materials covering specified information. (EC § 49414.3)
- 4) Authorizes each public and private elementary and secondary school in the state to voluntarily determine whether or not to make emergency naloxone hydrochloride or another opioid antagonist and trained personnel available at its school. Requires schools, in making this determination, to evaluate the emergency medical response time to the school and determine whether initiating emergency medical services is an acceptable alternative to naloxone hydrochloride or another opioid antagonist and trained personnel. (EC § 49414.3)
- 5) States that a volunteer who has received specified training and administers naloxone hydrochloride or another opioid antagonist, in good faith and not for compensation, to a person who appears to be experiencing an opioid overdose shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for his or her acts or omissions in administering the naloxone hydrochloride or another opioid antagonist. (EC § 49414.3)
- 6) Encourages COE to establish a County Working Group on Fentanyl Education in Schools for the purposes of outreach, building awareness, and collaborating with local health agencies regarding fentanyl overdoses. (EC § 49428.16)
- 7) Requires the California Department of Education (CDE) to curate and maintain on its website, information on opioid overdose awareness and safety advice, the provision of opioid antagonists, and the statewide programs related to naloxone hydrochloride distribution. (EC § 49428.16)
- 8) Requires any school police officer first employed by a K–12 public school district to successfully complete a basic course of training before exercising the powers of a peace officer. Requires POST to prepare a specialized course of instruction for the training of school peace officers to meet the unique safety needs of a school environment and for such officers to complete the specialized training within two years of the date of first employment. (Penal Code (PEN) § 832.3)
- 9) Provides that any peace officer employed by a K-12 public school district who has completed training as prescribed shall be designated a school police officer. (PEN § 830.32)

- 10) Requires schools serving pupils in any of grades 7 to 12, inclusive, to include within its comprehensive school safety plan (CSSP), a protocol in the event a pupil is suffering or is reasonably believed to be suffering from an opioid overdose. (EC § 32282)

ANALYSIS

This bill:

- 1) Requires, beginning with the 2027-28 school year, an SRO upon assignment to a schoolsite, and at least every two years thereafter, to complete opioid overdose recognition and response training that is approved by POST or DHCS.
 - a) Authorizes the inclusion of the training requirement above into existing POST continuing professional training requirements.
- 2) Clarifies that a trained SRO may volunteer to administer an opioid antagonist to a person who appears to be experiencing an opioid overdose, pursuant to existing statute.
- 3) Provides that an SRO who, while assigned to a schoolsite, administers an opioid antagonist in good faith and not for compensation, to a person who appears to be experiencing an opioid overdose constitutes the rendering of emergency care. Provides that an SRO or the entity employing or contracting with the SRO shall not be liable in a civil action or be subject to criminal prosecution for the SRO's acts or omissions in administering the opioid antagonist, unless an act or omission of the SRO constitutes gross negligence or willful or wanton misconduct connected to the administration of the opioid antagonist.
- 4) Requires the DHCS, in consultation with the CDE and POST, to provide implementation guidance to local educational 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 an SRO to annually report to the CDPH, the number of units of opioid antagonists they received, the number of times the SRO administered an opioid antagonist while serving at a school site, and the number of times the SRO needed an opioid antagonist but did not have one available.
- 6) Authorizes the CDPH to incorporate the data reported pursuant to #5 above into the statewide opioid dashboard maintained by the CDPH, or its successor statewide opioid surveillance platform, to ensure the data is publicly accessible and integrated with statewide opioid overdose surveillance orders.
- 7) Requires the CDPH, on or before January 1, 2031, to submit a report to the Legislature, as specified.
- 8) States that the provisions of this bill may be implemented using existing state and local resources, including but not limited to the Naloxone Distribution Project

(NDP) administered by the DHCS, opioid settlement funds, federal grants, and private or philanthropic donations to procure opioid antagonists and support opioid overdose recognition and response training.

- 9) Establishes the following definitions for the purposes of this bill:
- a) “Local educational agency” means a school district, COE, or charter school serving pupils in kindergarten or any of grades 1 to 12, inclusive.
 - b) “Opioid antagonist” means naloxone hydrochloride or another drug approved by the federal Food and Drug Administration that, when administered, negates or neutralizes in whole or in part the pharmacological effects of an opioid in the body, and has been approved for the treatment of an opioid overdose.
 - c) “School resource officer” means an individual who is a peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code, and who is employed by, or contracts with, an LEA, city, county, or other law enforcement agency to act in a school assignment.
 - d) “Schoolsite” means an individual school campus of an LEA or an area where a school-sponsored activity of an LEA is currently being held.

STAFF COMMENTS

- 1) ***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.”
- 2) ***Opioids and naloxone.*** According to the Centers for Disease Control and Prevention (CDC), opioids are a class of drugs used to reduce pain. Opioids such as oxycodone (OxyContin), hydrocodone (Vicodin), morphine, and methadone may be prescribed by a physician. Fentanyl is a synthetic opioid pain reliever that is many times more powerful than other opioids and is approved for treating severe pain, typically advanced cancer pain. Illegally made and distributed fentanyl has been on the rise in several states. Heroin is an illegal opioid. Symptoms of opioid intoxication may include confusion or delirium, very slow breathing, extreme sleepiness, vomiting, and small pupils.

According to the DHCS, naloxone is a life-saving medication that reverses an opioid overdose while having little to no effect on an individual if opioids are not present in their system. Naloxone works by blocking the opioid receptor sites and reversing the toxic effects of the overdose. It has few known adverse effects and no potential for abuse. Naloxone is administered when an individual is showing signs of opioid overdose. The medication can be given by intranasal spray,

intramuscularly (into the muscle), subcutaneously (under the skin), or by intravenous injection.

- 3) **Addressing fentanyl among K-12 students.** According to the 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 department visits among youth ages 10 to 19 years old in 2022. State statute requires the SPI to establish minimum training standards for school employees who volunteer to administer naloxone or another opioid antagonist. In addition to setting minimum training standards, the CDE must maintain on its website, a clearinghouse for best practices in training nonmedical personnel to administer naloxone or another opioid antagonist to pupils.

The CDE, in conjunction with the CDPH, also provides LEAs with resources and information that they can readily share with parents and students to help keep them safe. The shareable Fentanyl Awareness and Prevention toolkit page offers information about the risks of fentanyl and how to prevent teen use and overdoses. In addition to the toolkit, the CDPH's Substance and Addiction Prevention branch also provides resources for parents, guardians, caretakers, educators, schools, and youth-serving providers.

- 4) **Naloxone Distribution Project.** The NDP is administered by the DHCS to combat opioid overdose-related deaths throughout California by distributing free naloxone and fentanyl test strips to eligible entities like schools and law enforcement partners. Since the program began in October 2018, the NDP has distributed more than 8,587,000 kits of naloxone, which have been used to reverse more than 442,400 overdoses.

Of the 19,499 applications that have been approved between the inception of the program and June 1, 2026, 3,466 have been from schools and colleges—the highest number of approved applications across 13 eligibility categories.

- 5) **School resource officers.** SROs are members of a school district police department or officers assigned to a school site by a local law enforcement agency. SROs are sworn peace officers who have successfully completed a minimum of 800-1,200 hours of training in a police academy program in order to initially qualify as a peace officer and to carry firearms. The decision of whether to employ an SRO and how many SROs an LEA chooses to employ is a determination made at the local level. Current law in California requires SROs to take additional POST-developed and certified training on topics specific to law enforcement in an educational setting, including:
- a) Foundations of School-Based Law Enforcement
 - b) Ethics and the SRO
 - c) The SRO as a Teacher/Guest Speaker
 - d) Diversity

- e) Understanding Special Needs Students
- f) Social Media
- g) School Law
- h) The SRO as an Informal Counselor/Mentor
- i) Understanding the Teen Brain
- j) Violence and Victimization: Challenges to Development
- k) Sex Trafficking of Youth
- l) Effects of Youth Trends and Drugs on the School Culture and Environment
- m) Threat Response: Preventing Violence in School Settings
- n) School Safety and Emergency Operations Plans
- o) Crime Prevention through Environmental Design.

Beyond the training required for basic peace officer and SRO certification, state statutes and regulations also require officers to complete continued professional training courses and refresher courses at various intervals to build and maintain proficiency in areas of an officer's duties.

This bill requires an SRO, upon assignment to a schoolsite, and at least every two years thereafter, to complete opioid overdose recognition and response training that is approved by POST or DHCS.

- 6) ***Current availability of naloxone and opioid antagonists on K-12 campuses.*** Under existing law, LEAs are required to 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 training developed by the SPI and are protected from liability or retaliation in the event that they do or do not administer opioid antagonists. Statutes also allow pupils over the age of 12 to carry opioid antagonists while on school property and be held harmless if they use opioid antagonists in good faith.

This bill would clarify existing law by explicitly bringing SROs in line with existing provisions of law that authorize trained volunteer LEA personnel to use naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose.

As previously discussed, schools and colleges have the highest number of NDP application approvals—however, the naloxone distributed has resulted in less than 1% of opioid overdose reversals reported to the NDP.

In the interest of better understanding the impact of SRO opioid antagonist utilization across the state, the bill was amended in the Assembly Education Committee to require SROs to annually report to CDPH the number of units of opioid antagonists they receive, the number of times the school resource officer administered an opioid antagonist while serving at a schoolsite, and the number of times the school resource officer needed an opioid antagonist but did not have one available. This reporting requirement was assigned to the SRO because, in many cases, SROs are not employees of an LEA and are instead contracted through a local law enforcement agency.

While the legislative report compiled by the CDPH using the SRO reported data is due on or before January 1, 2031, the bill, as written, would continue to require SROs to individually report to the CDPH in perpetuity.

In the interest of maintaining alignment with CDPH's final report to the Legislature and the typical school year calendar, **the Committee staff recommends, and the author agrees**, to amend the bill to adjust the reporting timelines as follows:

- Specify that the reporting requirements of individual SROs shall conclude on July 1, 2030.
- Adjust the deadline for the CDPH to submit its report to the Legislature to July 1, 2031.

7) **Prior and related legislation.**

AB 2998 (McKinnor, Chapter 974, Statutes of 2024) prohibits school districts, COE, and charter schools from preventing a student 12 years of age or older from carrying or administering federally approved over-the-counter opioid reversal medication.

AB 3271 (Joe Patterson, 2024) 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, 2024) would have required the CDPH, by July 1, 2026, to establish a certification training program for high school students in grades 9 through 12 to gain skills to identify and respond to an opioid overdose. The training is to include information about how to administer opioid overdose reversal medication. The bill would have also required an LEA serving students in any grade of 9 through 12 that voluntarily makes naloxone hydrochloride or another opioid antagonist available on campus to ensure the opioid antagonist is

placed in an appropriate location widely known and easily accessible, during school hours and after school hours. *This bill was held in the Assembly Appropriations Committee.*

SB 10 (Cortese, Chapter 856, Statutes of 2023) (1) requires school safety plans of schools, including charter schools, serving students in grades 7 to 12, to include a protocol for responding to a student's opioid overdose; (2) requires the CDE to post informational materials on its website on opioid overdose prevention; and, (3) encourages COEs to establish working groups on fentanyl education in schools.

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.

SUPPORT

California Association of Alcohol and Drug Program Executives, Inc. (sponsor)
Addiction Counselor Certification Board of California
Alameda County Office of Education
California Association for Alcohol/Drug Educators
California Association of Marriage and Family Therapists
California Consortium of Addiction Programs and Professionals
California Medical Association
California Opioid Maintenance Providers
California School Nurses Organization
California Teachers Association
California Youth Empowerment Network
County Behavioral Health Directors Association
Drug Policy Alliance
Racial and Ethnic Mental Health Disparities Coalition
Schools Excess Liability Fund
The California Association of Local Behavioral Health Boards and Commissions

OPPOSITION

None received

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