SENATE COMMITTEE ON APPROPRIATIONS
Senator Sabrina Cervantes, Chair
2025 - 2026 Regular Session

AB 1586 (Ramos) - Opioid overdose reversal medication: school resource officers

Version: July 2, 2026
Urgency: No
Hearing Date: August 3, 2026

Policy Vote: ED. 7 - 0, PUB. S. 6 - 0
Mandate: No
Consultant: Lenin Del Castillo

Bill Summary: This bill requires the Department of Health Care Services (DHCS) to consult with the Commission on Peace Officer Standards and Training (POST) and develop, standardize, and approve a training program for School Resource Officers (SROs) on opioid overdose recognition and response. The bill also requires DHCS to collaborate with the California Department of Education (CDE) and POST to execute school safety planning.

Fiscal Impact:

- The DHCS estimates General Fund costs of $169,000 in the 2027-28 fiscal year and $160,000 thereafter for one Health Program Specialist I (HPS I) to handle responsibilities such as consulting with POST and CDE, tracking the entities required for reporting, developing, and standardizing new opioid overdose recognition and response training programs, and coordinating and collaborating with the CDE. The position would also be responsible for monitoring the SROs' training biennially and documenting their completion and status updates.

- The costs for POST are expected to be minor and absorbable within existing resources.

Background: Existing law 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. It requires at least two staff members per schoolsite be trained to administer emergency opioid antagonists.

Existing law 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.

Existing law requires the State Superintendent of Public Instruction to establish minimum training standards for the administration of naloxone or another opioid antagonist, and refresh those standards as necessary, every 5 years.

Proposed Law: This bill requires, commencing with the 2027-2028 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, DHCS, or the Board of State and Community Corrections. The bill provides that the training may be integrated into existing POST continuing professional training requirements to minimize administrative burden and ensure consistency across agencies.

This bill specifies that training completed by an SRO shall fulfill training requirements for specified training for the administration of naloxone hydrochloride or another opioid antagonist.

This bill specifies that an SRO may volunteer to administer an opioid antagonist to a person who appears to be experiencing an opioid overdose.

This bill provides that an SRO, while assigned to a schoolsite, who 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.

This bill provides that the 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.

This bill requires the DHCS, in consultation with the CDE and POST, to provide implementation guidance to local educational agencies and law enforcement agencies on accessing opioid antagonists at low or no cost and integrating overdose response into school safety planning.

This bill requires an SRO to annually report to CDPH the number of units of opioid antagonists received, 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. The bill requires CDPH to incorporate the reported data into the statewide opioid overdose surveillance dashboard or its successor statewide opioid surveillance platform, to ensure the data is publicly accessible and integrated with statewide opioid overdose surveillance efforts.

This bill requires CDPH, on or before January 1, 2031, to submit a report to the Legislature with the information collected pursuant to this report.

Staff Comments: 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. SROs are required to take additional POST developed and certified training on topics specific to law enforcement in an educational setting. 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, DHCS or the Board of State and Community Corrections. 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.”

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