THIRD READING

Bill No: AB 1586
Author: Ramos (D)
Amended: 8/13/26 in Senate
Vote: 21

SENATE EDUCATION COMMITTEE: 7-0, 6/17/26
AYES: Pérez, Ochoa Bogh, Cabaldon, Choi, Cortese, Gonzalez, Reyes

SENATE PUBLIC SAFETY COMMITTEE: 6-0, 6/30/26
AYES: Arreguín, Seyarto, Caballero, Cortese, Pérez, Wiener

SENATE APPROPRIATIONS COMMITTEE: 7-0, 8/13/26
AYES: Cervantes, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

ASSEMBLY FLOOR: 77-0, 5/14/26 - See last page for vote

SUBJECT: Opioid overdose reversal medication: school resource officers

SOURCE: California Association of Alcohol and Drug Program Executives, Inc.

DIGEST: This bill (1) requires 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 Board of State and Community Corrections (BSCC); (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.

ANALYSIS:

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 COEs 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 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)

9) 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)

10) 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)

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 BSCC.

    a) Authorizes the inclusion of the training requirement above into existing POST continuing professional training requirements or BSCC standards and training for corrections.

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 POST, in consultation with CDE, 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 report all of the following information to the CDPH, on or before July 1, 2028, and annually thereafter until July 1, 2030:

   a) The number of units of opioid antagonists they received.

   b) The number of times the SRO administered an opioid antagonist while serving at a schoolsite.

   c) The number of times the SRO needed an opioid antagonist but did not have one available.

   d) The types of opioid antagonists received and administered.

   e) The name and contact information of the SRO and individual completing the form.

   f) Schoolsite information, including the name of the school, the LEA, and the city and county where the school is located.

6) Requires the CDPH to post the data reported pursuant to items a) to c) of #5 above on the CDPH's internet website to ensure the data is publicly accessible.

7) Requires the CDPH, on or before January 1, 2031, to submit a report to the Legislature, as specified.

8) Authorizes the provisions of this bill to 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.

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) *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.

   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.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to Senate Appropriations Committee:

- The Department of Public Health estimates annual General Fund costs of $360,000 for 2.0 positions and an annual data analysis software subscription to complete data analysis responsibilities as a result of this bill.
- The POST may incur additional General Fund costs in the low hundreds of thousands of dollars to provide implementation guidance for integrating overdose response into school safety planning.
- Any costs for DHCS and CDE are expected to be minor and absorbable within existing resources.

SUPPORT: (Verified 8/15/26)

California Association of Alcohol and Drug Program Executives, Inc. (source)
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 Behavioral Health Association
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
CFT – A Union of Educators & Classified Professionals, AFT, AFL-CIO
City of Fontana
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
One Individual

OPPOSITION: (Verified 8/15/26)

None received

ASSEMBLY FLOOR: 77-0, 5/14/26
AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Johnson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
NO VOTE RECORDED: Arambula, Flora, Celeste Rodriguez

Prepared by: Therresa Austin / ED. / (916) 651-4105
8/17/26 10:38:01

****** END ******