

Date of Hearing: April 21, 2026

ASSEMBLY COMMITTEE ON JUDICIARY  
Ash Kalra, Chair  
AB 1819 Sanchez – As Amended April 13, 2026

PROPOSED CONSENT

**SUBJECT:** AUTOMATED EXTERNAL DEFIBRILLATORS

**KEY ISSUE:** SHOULD SENIOR CENTERS BE ADDED TO THE LIST OF FACILITIES THAT MUST PROVIDE AUTOMATED EXTERNAL DEFIBRILLATORS, AND SHOULD A SENIOR CENTER THAT PROVIDES THE DEVICE, AND AN EMPLOYEE OR VOLUNTEER WHO USES THE DEVICE IN AN EMERGENCY, BE GRANTED QUALIFIED IMMUNITY?

**SYNOPSIS**

*This bill requires senior centers, as defined, to have an automated external defibrillator (AED) on site and to meet standard training and maintenance requirements relating to the AED and its use. The bill comes to this Committee, however, because it offers qualified immunity to building owners, managers, employees, or volunteers for acts and omissions related to the use of the AED. The bill is one of several that, over the past two decades, have sought to facilitate the use of AEDs (and other life-saving devices) by requiring their placement in certain types of buildings. AEDs are portable devices that administer an electric shock through the chest wall of a person who has suffered cardiac arrest. If administered in time, AEDs save lives, which is the primary objective of this bill and all prior bills.*

*Although AEDs are reportedly harmless even if they malfunction or are used improperly, the laws requiring the installation of these devices in various locations have always been accompanied by “qualified immunity” provisions that shield the building owners, employees, or volunteers from liability for harm, unless the person acted with gross negligence or willful or wanton misconduct. Arguably, this qualified immunity was unnecessary (at least for the person who uses the device) because California has a robust “Good Samaritan” law that provides qualified immunity to any person who renders aid in a medical emergency. Be that as it may, the building owners and business occupants who were required to install AEDs feared that if something went wrong, that they would somehow be liable for any harm. While probably unnecessary, if qualified immunity affords some degree of assurance to building owners who might otherwise resist installing them – or to people who would use them but for fear of being sued – then the bill may succeed in facilitating the installation and use of these life-saving devices.*

*This bill is sponsored by the California Senior Legislature and supported by several medical groups, including the California Chapter of the American College of Cardiology. There is no opposition to the bill. If the bill passes out of this Committee, it will be referred to the Assembly Committee on Aging and Long-term Care.*

**SUMMARY:** Requires senior centers, as defined, to install AED devices and grants qualified immunity to building owners, employees, managers, and volunteers, as provided. Specifically, **this bill:**

- 1) Requires senior centers, including senior centers run by a local government, to have an AED and requires the senior center to meet specified training and maintenance standards relating to the AED.
- 2) Provides that a senior center employee or volunteer who uses, does not use, or attempts to use an AED, and members of the senior center's board of directors, are not liable for civil damages, except in the case of injury or harm that results from gross negligence, or willful or wanton misconduct.
- 3) Provides that owners, managers, employees, volunteers, or otherwise responsible authorities of a senior center are not liable for civil damages resulting from an act or omission in the course of rendering emergency care, unless specified criteria are met.

**EXISTING LAW:**

- 1) Provides that a "Good Samaritan" who in good faith, and not for compensation, renders medical or nonmedical care at the scene of an emergency shall not be liable for any civil damages resulting from any act or omission other than an act or omission constituting gross negligence or willful or wanton misconduct. (Health and Safety Code (HSC) Section 1799.102.)
- 2) Requires certain buildings and structures that are occupied to have an automated external defibrillator (AED) installed on their premises. (Health and Safety Code Section 19300.)
- 3) Requires a utility, and its contractors and subcontractors, to provide an AED device at all utility worksites and provides qualified immunity for liability for AED-related injury, as specified. (Public Utilities Code Section 8310 *et seq.*)
- 4) Provides that a person or entity that acquires an AED for emergency use is not liable for any civil damages resulting from any acts or omissions when the AED is used to render emergency care, provided that the person or entity has complied with all of the following specified maintenance, training, and notice requirements:
  - a) Comply with all regulations governing the placement of an AED.
  - b) Notify an agent of the local EMS agency of the existence, location, and type of AED acquired.
  - c) Ensure that the AED is maintained and tested according to the operation and maintenance guidelines set forth by the manufacturer.
  - d) Ensure that the AED is tested at least biannually and after each use.
  - e) Ensure that an inspection is made of all AEDs on the premises at least every 90 days for potential issues related to operability of the device, including a blinking light or other obvious defect that may suggest tampering or that another problem has arisen with the functionality of the AED.
  - f) Ensure that records of the maintenance and testing required pursuant to this paragraph are maintained. (Health and Safety Code Section 1797.196 (b)(1).)

- 5) Requires every employer to furnish employment and a place of employment that is safe and healthful for the employees therein. (Labor Code Section 6400 (a).)
- 6) Requires every employer to furnish and use safety devices and safeguards, and shall adopt and use practices, means, methods, operations, and processes which are reasonably adequate to render such employment and place of employment safe and healthful. Every employer shall do every other thing reasonably necessary to protect the life, safety, and health of employees. (Labor Code Section 6401.)
- 7) Requires every employer to establish, implement, and maintain an effective injury prevention program. The program shall be written, except as provided, and shall include, specified elements, including the following:
  - a) An occupational health and safety training program designed to instruct employees in general safe and healthy work practices and to provide specific instruction with respect to hazards specific to each employee's job assignment.
  - b) The employer's system for communicating with employees on occupational health and safety matters, including provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal.
  - c) The employer's system for ensuring that employees comply with safe and healthy work practices, which may include disciplinary action.
  - d) A workplace violence prevention plan that conforms to specified requirements. (Labor Code Section 6401.7 (a).)
- 8) Requires, pursuant to Department of Industrial Relations (DIR) regulations, all employers to "ensure the ready availability of medical personnel for advice and consultation on matters of industrial health or injury." (8 CCR section 3400 (a).)
- 9) Requires, pursuant to DIR regulations, all employers, in the absence of an infirmary, clinic, or hospital, in near proximity to the workplace, which is used for the treatment of all injured employees, to have a person or persons adequately trained to render first aid. Training shall be equal to that of the American Red Cross or the Mine Safety and Health Administration. (8 CCR section 3400 (b).)
- 10) Requires, pursuant to DIR regulations, all employers have specific medical and first aid equipment. (8 CCR section 3400 (f).)

**FISCAL EFFECT:** As currently in print this bill is keyed fiscal.

**COMMENTS:** According to the author:

As California's population ages, the demand for proactive, community-based healthcare grows. People over 55 face a higher risk of heart attacks and other cardiovascular diseases. AB 1819 is a practical, cost-effective way to protect seniors while keeping them active and connected to their communities. The bill would require senior and community centers serving 50 or more people to have an Automated External

Defibrillator (AED) on site. AEDs are simple, life-saving devices that can make a critical difference in the minutes before first responders arrive.

**Background.** This bill requires senior centers, as defined, to have an automated external defibrillator (AED) on site and to meet standard training and maintenance requirements relating to the AED and its use. The bill came to this Committee because it offers qualified immunity to building owners, managers, employees, or volunteers for any act and omission related to the use of the AED. The bill is one of several that have been introduced and enacted in an effort to facilitate the use of AEDs (life-saving devices) by requiring their placement in certain types of buildings or locations. AEDs are portable devices that administer an electric shock through the chest wall of a person who has suffered cardiac arrest. If administered in time, AEDs save lives, which is the primary objective of this bill and all prior bills. Although AEDs are reportedly harmless even if they malfunction or are used improperly, the laws requiring the installation of these devices in various locations have always been accompanied by “qualified immunity” provisions that shield the building owners, employees, or volunteers from liability for harm, unless the person acted with gross negligence or willful or wanton misconduct. For example, last year this Committee heard and passed AB 365 (Chap. 361, Stats. 2025), which required any electrical corporation or local publicly owned electric utility (and contractors or subcontractors thereof) to have AEDs at utility worksites. Similar to the bill now before the Committee, AB 365 provided qualified immunity for any injuries suffered as a result of the use of an AED to both the utility (or a contractor or subcontractor) that abides by the bill’s requirements, and to any person who acts in good faith by using the AED at the scene of a medical emergency.

***Is qualified immunity necessary in light of California’s Good Samaritan Law?*** Under long-standing common law tort rules, a person who voluntarily comes to the aid of another person suffering a medical emergency is immune from liability for injuries and even death, so long as that person acts in a reasonably prudent manner under the circumstances. In 2009, California codified this common law statute by enacting a "Good Samaritan" statute. (The term refers to the parable in the Gospel of Luke about the "lowly" Samaritan who came to the aid of a stranger left for dead while supposedly more upstanding citizens ignored the cries of the dying man.) California's Good Samaritan statute (Health & Safety Code Section 1799.102) grants qualified immunity to any person who renders medical or non-medical aid in an emergency, so long as that person acts in good faith and not for compensation, and so long as that person's conduct is not grossly negligent or does not constitute willful or wanton misconduct.

Between 1999 when the first AED immunity bill was enacted, and last year’s AB 365 (see list at the end of this analysis), this Committee has heard, the Legislature has approved, and the Governor has signed bills providing express immunity from liability for lay people (as well as off-duty professionals) who voluntarily render a specific form of medical aid in an emergency situation, such as administering cardiopulmonary resuscitation (CPR), using an AED, tourniquet trauma kit, or an opioid antidote. These immunity provisions were probably unnecessary, given that all of these methods of administering medical care at the scene of an emergency would certainly qualify as rendering medical aid in an emergency under the Good Samaritan law. Nor is it necessary to state that someone is not liable for not using the device, given that there is no “duty to rescue” in the absence of a special relationship, such as that between teacher and student or doctor and patient.

Be that as it may, prior legislation has contained qualified immunity provisions. The building owners and business occupants who were required to install AEDs feared that if something went

wrong, that they would somehow be liable for any harm. While arguably unnecessary, granting qualified immunity is probably harmless. And if qualified immunity affords some degree of assurance to building owners who might otherwise resist installing them – or if it assures people who fear being sued if they come to another person’s aid – then the bill may succeed in facilitating the installation and use of these life-saving devices.

***Prior legislation related to AED use and immunities.*** AB 365 (Chap. 361, Stats. 2025) requires electric utilities, and their contractors and subcontractors, to have an AED available for emergency use at each worksite, as specified, and provides qualified immunity to both the person who renders aid and the utility, contractor, and subcontractor who makes an AED available and reasonably complies with regulations governing the placement of an AED.

AB 3262 (Chap. 19, Stats. 2024) requires schools serving students in grades 6 to 12 to implement specific processes at the time of AED placement. The principal must ensure that students annually receive information that describes the school’s emergency response plan and the proper use of an AED and to notify students of the locations of all AED units on campus.

SB 1397 (Chap. 1014, Stats. 2018) requires an AED to be installed in high-occupancy (private) structures that are built or undergo modifications, renovations, or tenant improvements amounting to at least \$100,000.

AB 1507 (Chap. 431, Stats. 2005) requires, for a five-year period beginning on July 1, 2007, a health studio, as defined, to acquire, maintain, and train personnel in the use of AEDs.

AB 254 (Chap. 254, Stats. 2005) requires principals to notify staff and perform other training and maintenance duties relative to an AED placed in a public or private K-12 school.

AB 1145 (Chap. 5, Stats. 2004) requires the Department of General Services to apply for specified federal funds for the purchase of AEDs to be located within state-owned and leased buildings. This bill, however, did not include an immunity provision.

AB 2041 (Chap. 718, Stats. 2002) broadens the immunity for the use or purchase of an AED in an effort to encourage their purchase and use, repealed CPR and AED use training requirements for a Good Samaritan user of an AED in rendering emergency care.

SB 911 (Chap. 163, Stats. 1999) provides qualified immunity to “Good Samaritans” who voluntarily apply AEDs at the scene of an emergency, so long as those persons had training in the use of an AED.

***ARGUMENTS IN SUPPORT:*** The California Chapter of the American College of Cardiology writes in support:

Sudden cardiac arrest remains a leading cause of death in the United States, and the risk increases significantly with age. For every minute that passes without defibrillation, the chances of survival drop by 7% to 10%. By ensuring that AEDs are readily available in locations where seniors congregate, we can significantly improve the chances of a positive outcome during a cardiovascular emergency.

Senior centers are high-traffic areas for populations at elevated risk for cardiac events. Having an AED on-site allows for immediate intervention while waiting for emergency medical services to arrive. This bill provides essential civil liability protections for senior center employees and directors, encouraging bystanders to act without the fear of legal repercussions, except in cases of gross negligence.

Lastly, the bill mandates necessary maintenance, testing, and staff training standards to ensure these life-saving devices are always ready for use.

As medical professionals dedicated to heart health, we know that AEDs are easy to use and remarkably effective. Expanding their availability to our state's senior centers is an essential step in protecting California's most vulnerable residents.

**REGISTERED SUPPORT / OPPOSITION:****Support**

California Senior Legislature (sponsor)  
American Medical Response West  
California Ambulance Association  
California Chapter American College of Cardiology  
California Senior Legislature  
California Society for Respiratory Care

**Opposition**

None on file

**Analysis Prepared by:** Tom Clark / JUD. / (916) 319-2334