Date of Hearing: April 21, 2026

ASSEMBLY COMMITTEE ON AGING AND LONG-TERM CARE
Jasmeet Bains, Chair
AB 1819 (Sanchez) – As Amended April 13, 2026

SUBJECT: Automated external defibrillators

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) §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 §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 §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 §1797.196 (b)(1).)

5) Requires, pursuant to Department of Industrial Relations (DIR) regulations, all employers have specific medical and first aid equipment. (8 CCR §3400 (f).)

FISCAL EFFECT: This bill has not yet been analyzed by a fiscal committee.

COMMENTS: ***Author's Statement:*** "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

Aging in California: A recent compiled data report by the Public Policy Institute of California titled "California's Aging Population" states:

By 2040, California's older adult population (aged 65 and over) is projected to increase by a remarkable 59 percent, from 5.7 million to just over 9 million. This growth stands in stark contrast to the projected changes in other age groups. The working-age population (20–64 years old) is expected to increase only 3 percent, while the population under age 20 is anticipated to decrease by 23 percent. California is projected to have 3.4 million more older adults aged 65 and over, and 1.7 million fewer residents less than 65 years old.

This disproportionate growth in the older population will lead to a significant shift in the state's age structure. Almost one-quarter of Californians (22%) will be age 65 or older by 2040, a substantial increase from 14 percent in 2020. The old-age dependency ratio (the number of older adults per 100 adults of working ages) is projected to grow from 24 to 38. In other words, there will be 38 older adults for every 100 working adults in the state.

The most dramatic growth is projected among the oldest age groups—or the oldest old. The population aged 80 and over is expected to more than double, increasing by nearly 1.8 million in 2040. This rapid growth in the oldest age groups, driven by both the aging of the baby boomers

and increases in longevity, is especially significant because of this group's relatively high personal care and health care needs. [1]

Life expectancy continues to rise,[2] however during 2019-2021 overall life expectancy for Californians fell from 81.4 years to 78.4 years. For Hispanics, life expectancy declined by nearly 6 years, a difference three times greater than their white counterparts. And the difference between those in California's highest and lowest income brackets increased by three-and-a-half years to greater than 15 years (11.5 years before the pandemic to more than 15 years in 2021).[3]

It is important to note that the COVID-19 pandemic caused a brief (and traumatic) deviation from the long-term pattern of increases in life expectancy. The latest estimates suggest that life expectancy has resumed its pre-pandemic trend of gradually increasing longevity. The Department of Finance projects moderate increases in life expectancies through 2060. [4]

Master Plan for Aging: In January of 2021, the Governor released his Master Plan for Aging (MPA). The MPA prioritizes the health and well-being of older Californians and the need for policies that promote healthy aging. The MPA serves as a blueprint for state government, local government, the private sector, and philanthropy to prepare the state for the coming demographic changes and continue California's leadership in aging, disability, and equity.

The work plan laid out in the MPA mid-way through its ten year timeline continues to highlight the urgent needs facing California's older adults, people with disabilities, their families, caregivers, advocates and the workforce supporting these populations..

The MPA for 2025-26 outlines five bold goals and currently seeks to advance 81 initiatives to build a California for All Ages by 2030. Each initiative features a designated area of focus; to deliver, to analyze and to communicate. It also includes a Data Dashboard on Aging to measure progress.[5]

- Goal One: Housing for All Ages and Stages
- Goal Two: Health Reimagined
- Goal Three: Inclusion and Equity, Not Isolation
- Goal Four: Caregiving That Works
- Goal Five: Affording Aging

AED use and Liability: Information from the Assembly Committee on Judiciary (Judiciary) analysis of AB 1819 (Sanchez)

> 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

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[1] https://www.ppic.org/publication/californias-aging-population/
[2] https://longevity.stanford.edu/the-new-map-of-life-initiative/
[3] https://newsroom.ucla.edu/releases/covid-life-expectancy-drops-by-race-and-income
[4] www.cdc.gov/nchs/data/databriefs/db492.pdf
[5] https://mpa.aging.ca.gov/DashBoard/

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.

Committee amendments: The committee suggests striking all language in the proposed bill relating to liability and training. Though well intended, many of the provisions do not address who would oversee the certified compliance and what department or agency would authorize and approve training. In addition, questions on enforcement of business hours for private and public businesses, penalties for non-compliance and the denial of access based on age are problematic.

The committee agrees having AEDs on sites that serve older adults could be beneficial and suggests amending HSC § 19300 to read:

19300. (a) This chapter applies to all of the following structures, as defined in Chapter 3 (commencing with Section 301.1) of Part 2, the California Building Code, of Title 24, the California Building Standards Code, of the California Code of Regulations, that are constructed on or after January 1, 2017, or are constructed prior to January 1, 2017, and modified, renovated, or tenant improved, as described in subdivision (b), subsequent to that date:

(1) Group A assembly buildings with an occupancy of greater than 300.
(2) Group B business buildings with an occupancy of 200 or more.
(3) Group E educational buildings with an occupancy of 200 or more.
(4) Group F factory buildings with an occupancy of 200 or more.
(5) Group I institutional buildings with an occupancy of 200 or more.
(6) Group M mercantile buildings with an occupancy of 200 or more.
(7) Group R residential buildings with an occupancy of 200 or more, excluding single-family and multifamily dwelling units.

(b) or any structure that serves a population of adults over the age of 55 in numbers of 50 or greater.

***~~(b)~~ (c)** A structure shall be considered modified, renovated, or tenant improved for purposes of subdivision (a) if the structure is subject to any of the following on or after January 1, 2020:*

Argument in Support: The California Senior Legislature, the sponsor of the bill writes "The risk of sudden cardiac arrest increases significantly with age. California's senior centers host daily congregate meals, exercise programs, educational workshops, and social services that bring together some of our most medically vulnerable residents. Ensuring that these facilities are equipped with properly maintained AEDs reflects both sound public health policy and a compassionate commitment to safeguarding older adults."

Furthermore, the California Chapter of the American College of Cardiologists states 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."

***Argument in Opposition*:** None.

Related/Prior Legislation:

1) AB 365 (Schiavo) Chapter 361, Statutes of 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.

2) AB 3262 (Maienschein) Chapter. 19, Statutes of 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.

3) SB 1397 (Low) Chapter. 1014, Statutes of 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.

4) AB 1507 (Pavley) Chapter. 431, Statutes of 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.

5) AB 254 (Nakanishi) Chapter. 254, Statutes of 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.

6) AB 1145 (Shirley Horton) Chapter. 5, Statutes of 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.

7) AB 2041 (Vargas) Chapter 718, Statutes of 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 Samarian user of an AED in rendering emergency care.

8) SB 911 (Figueroa) Chapter 163, Statutes of 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.

Dual referral: This bill is dual-referred and is being heard in Judiciary on April, 21, 2026 and will be heard in the Assembly Committee on Aging and Long-Term Care on the same day upon passage from Judiciary.

REGISTERED SUPPORT / OPPOSITION:

Support

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

Opposition

None on file.

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