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## SENATE COMMITTEE ON HEALTH

Senator Caroline Menjivar, Chair

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**BILL NO:** AB 387  
**AUTHOR:** Alanis  
**VERSION:** June 23, 2025  
**HEARING DATE:** July 9, 2025  
**CONSULTANT:** Vincent D. Marchand

**SUBJECT:** Nevaeh Youth Sports Safety Act

**SUMMARY:** Revises the requirement that a youth sports organization ensure its athletes have access to an automated external defibrillator (AED) during any official practice or match, which is scheduled to take effect on January 1, 2027, by limiting this requirement to locations where an AED already exists or during an official practice or match at any public or private local facility with a permanent sports infrastructure used for youth sports programs. Requires a public or private local facility with a permanent sports infrastructure to procure and maintain the AED.

**Existing law:**

- 1) Defines a “youth sports organization” as an organization, business, nonprofit entity, or a local governmental agency that sponsors or conducts amateur sports competitions, training, camps, or clubs in which persons 17 years of age or younger participate. [HSC §124235 (b)(4)]
- 2) Requires a youth sports organization to comply with certain requirements related to athletes suspected of sustaining a concussion or head injury, or who has passed out or fainted, including removal from the athletic activity and a prohibition on returning until he or she is evaluated by a licensed health care provider. Requires youth sports organizations to give both a concussion and head injury information sheet, and a sudden cardiac arrest information sheet, to each athlete on an annual basis. [HSC §124235]
- 3) Requires each coach, administrator, and referee, umpire, or other game official of the youth sports organization to successfully complete concussion and head injury and sudden cardiac arrest prevention education at least once, either online or in person, before supervising an athlete in an activity of the youth sports organization. [HSC §124235(a)(5)]
- 4) Requires “sudden cardiac arrest prevention education and educational materials” and a “sudden cardiac arrest information sheet” to include, at a minimum, information relating to cardiac conditions and their potential consequences, the signs and symptoms of sudden cardiac arrest, best practices for removal of an athlete from an athletic activity after fainting or a suspected cardiac condition is observed, steps for returning an athlete to activity, and what to do in the event of a cardiac emergency, which includes calling 911, performing hands-only CPR, and using an AED if available. [HSC §124235(b)(3)]
- 5) Establishes the California Youth Football Act, which establishes additional requirements on youth sports organizations that conduct a tackle football program, including requiring a minimum of one certified emergency medical technician, state-licensed paramedic, or higher-level medical professional to be present during all games, and requiring coaches to annually receive first aid, CPR, and AED certification. [HSC §124240, et seq. and §124241(h) and (i)]
- 6) Requires, as part of the California Youth Football Act, that at least one independent nonrostered individual, appointed by the youth sports organization, to be present at all

practice locations, and requires the individual to hold current certifications in first aid, CPR, AED, and concussion protocols. [HSC §124241(j)]

- 7) Requires a school district or charter school that offers any interscholastic athletic program to acquire at least one AED for each school that participates in the program, and encourages the school district or charter school to ensure that the AED is available for the purpose of rendering emergency care or treatment within a recommended three to five minutes of sudden cardiac arrest to pupils, spectators, and any other individuals in attendance at the program's on-campus activities or events, and to ensure that the AED is available to athletic trainers and coaches and authorized persons at these activities or events. [EDC §35179.6]
- 8) Requires a person or entity that acquires an AED to comply with all regulations governing its placement, notify an agent of the local emergency medical services agency of the existence, location, and type of AED acquired, ensure that the AED is maintained and tested according to the operation and maintenance guidelines of the manufacturer, ensure that it is tested at least biannually and after each use, ensure that an inspection is made of all AEDs on the premises at least every 90 days for potential issues related to operability, and ensure that maintenance and testing records are maintained. [HSC §1797.196]
- 9) Exempts a person or entity that acquires an AED for emergency use from liability for any civil damages resulting from the use of the AED if the person or entity has complied with the requirements in 8) above. [CIV §1714.21(d)]
- 10) Exempts any person who, in good faith and not for compensation, renders emergency care or treatment by use of an AED at the scene of an emergency from liability for any civil damages resulting from any acts or omissions in rendering the emergency care. [CIV §1714.21(b)]

**This bill:**

- 1) Revises the requirement that a youth sports organization ensure its athletes have access to an AED during any official practice or match, by limiting this requirement to locations where an AED already exists or during an official practice or match at any public or private local facility with a permanent sports infrastructure used for youth sports programs.
- 2) Requires the public or private local facility with a permanent sports infrastructure to procure and maintain the AED, and ensure the youth sports organization has access to the AED.
- 3) Defines "permanent sports infrastructure" as a fixed, nontemporary facility or structure designed and maintained for the purpose of hosting organized sports activities.

**FISCAL EFFECT:** This bill is keyed non-fiscal.

**PRIOR VOTES:** Not relevant.

**COMMENTS:**

- 1) *Author's statement.* According to the author, this bill would require public or private local facilities with a permanent sports infrastructure to procure and maintain an AED and ensure youth sports organizations have access. Sudden cardiac arrest (SCA) is the number one killer of student athletes. Having an AED present during official practices or matches can be the difference between life and death for youth athletes. Timely intervention of sudden cardiac arrest remains critical for the safety of youth athletes. This bill would require youth sports

organizations to be responsible for ensuring athletes have access to AEDs during official practices or matches held at facilities or locations where an AED already exists. The shift in responsibilities is intended to improve the reliability and accessibility of life-saving AEDs, helping prevent fatalities from SCA among athletes.

- 2) *Background on sudden cardiac arrest.* According to the National Heart, Blood, and Lung Institute, SCA is a condition in which the heart suddenly and unexpectedly stops beating, and usually causes death if it's not treated within minutes. SCA is not the same as a heart attack. A heart attack is when blood flow to the heart is blocked, and SCA is when the heart malfunctions and suddenly stops beating unexpectedly. A heart attack is a “circulation” problem and sudden cardiac arrest is an “electrical” problem. However, SCA can happen after or during recovery from a heart attack. Ventricular fibrillation (v-fib), a type of arrhythmia, causes most SCAs. During v-fib, the heart's lower chambers don't beat normally, and instead quiver very rapidly and irregularly and little or no blood is pumped to the body. Other problems with the heart's electrical system can also cause SCA. For example, SCA can occur if the rate of the heart's electrical signals becomes very slow and stops. SCA also can occur if the heart muscle doesn't respond to the heart's electrical signals. Coronary heart disease; severe physical stress; certain inherited disorders; and structural changes in the heart can also cause SCA.

According to the American College of Cardiology (ACC), when playing sports, an athlete's heart is working faster and pumping harder. Adrenaline is pumped throughout the body, and the heart needs more oxygen than normal. Dehydration, fever, or changes in electrolytes can also play a part. In people whose hearts are not normal to begin with, these extra stresses can sometimes trigger the electrical system of the heart and cause SCA. While rare, SCA is the leading medical cause of death in young athletes. ACC states that warning signs during exercise include passing out, dizziness, chest pain, shortness of breath, and seizures. The Centers for Disease Control and Prevention estimates that every year in the U.S., approximately 2,000 patients younger than 25 years, will die of SCA. The likelihood of child and young adult SCA for those with underlying cardiovascular disease is increased by athletic participation. According to a study published in December 2017, a loss of consciousness in athletes during sports activity is usually not immediately recognized as SCA and time is wasted by checking breathing and body movement. Immediate CPR and defibrillation with an AED should be initiated if an athlete is experiencing SCA. Without defibrillation, the probability of surviving declines by 10% per minute.

- 3) *Background on AEDs.* According to the American Heart Association (AHA), an AED is a lightweight, portable device that delivers an electric shock through the chest to the heart. The shock can stop an irregular rhythm and allow a normal rhythm to resume in a heart in sudden cardiac arrest. The AED has a built-in computer, which assesses the patient's heart rhythm, determines whether the person is in cardiac arrest, and signals whether to administer the shock. Inside the AED box are pads and a diagram that shows where to place them on the bare skin. Once the device is turned on, a voice tells the person using it exactly what to do. The AHA states that more than 15% of out-of-hospital cardiac arrests occur in a public location, and therefore public access AEDs and community training have a large role to play in early defibrillation. However, the number of patients who have an AED applied by a bystander remains low, occurring after only 10.2% of public cardiac arrests. According to the AHA, nine in ten cardiac arrest victims who receive a shock from an AED in the first minute live. The AHA states that children over age eight can be treated with a standard AED, and for

children ages one through eight, the AHA recommends the pediatric attenuated pads that are purchased separately.

- 4) *This bill was recently amended to address concerns to a related bill.* As described in related legislation below, the author of this bill also has AB 310, which amends the same code section as this bill. AB 310 was introduced as a follow-up to AB 1467 (Alanis, Chapter 24, Statutes of 2023), which required youth sports organizations to ensure access to AEDs. AB 310, as introduced, deleted a requirement that an AED only be administered by someone who holds an AED certification, and instead required youth sports organizations to ensure that its coaches are certified to perform CPR and operate an AED, and that there is a written emergency response plan. However, the American Youth Soccer Organization (AYSO), along with a number of youth leagues and teams, realizing the looming cost of complying with AB 1467 beginning in 2027, opposed AB 310 unless the burden of procuring and maintaining the AEDs was shifted to the facilities where the teams played. Under an agreement reached between these opponents and the author, AB 310 was amended to extend the deadline of the underlying requirement to ensure access to AEDs by one year (to January 1, 2028), and this bill was gut & amended to shift the burden of procuring the AEDs from the youth sports organizations to the facilities where they practice and play.
- 5) *Double referral.* This bill is double referred. Should it pass out of this Committee, it will be referred to the Senate Education Committee.
- 6) *Related legislation.* AB 310 (Alanis) Delays the implementation of a requirement, from January 1, 2027 to January 1, 2028, that youth sports organizations ensure their athletes have access to an AED during any official practice or match. Requires youth sports organizations to ensure their coaches are certified to perform CPR and operate an AED, and have a written cardiac emergency response plan, beginning January 1, 2028. *AB 310 passed this Committee by a vote of 11-0 on July 2, 2025.*
- 7) *Prior legislation.* AB 1467 (Alanis, Chapter 24, Statutes of 2023) requires a youth sports organization that elects to offer an athletic program to ensure that by January 1, 2027, its athletes have access to an AED during any official practice or match.

AB 379 (Maienschein, Chapter 174, Statutes of 2019) adds “an athlete who has passed out or fainted” to provisions of law that prohibit an athlete in a youth sports organization from returning to athletic activity until being evaluated and cleared by a health care provider. AB 379 requires the athlete, if the health care provider suspects that they have a cardiac condition that puts them at risk for sudden cardiac arrest or other heart-related issues, to remain under the care of the health care provider until the athlete is cleared to play.

AB 1 (Cooper, Chapter 158, Statutes of 2019) enacts the California Youth Football Act, which establishes certain requirements on youth football, including limiting full-contact practices to 30 minutes per day, and no more than two days per week, and requires an EMT or higher-level medical professional to be present during all games, and one independent non-rostered individual to be present at all practice locations with the authority to evaluate and remove any youth tackle football participant from practice who exhibits an injury.

SB 1397 (Hill, Chapter 1014, Statutes of 2018) extends the requirement that buildings constructed after January 1, 2017 have an AED on the premises, to apply this requirement to existing buildings that undergo a significant modification on or after January 1, 2020.

AB 2009 (Maienschein, Chapter 646, Statutes of 2018) requires a school district or charter school that elects to offer any interscholastic athletic program to ensure that there is a written emergency action plan in place, and to acquire at least one AED for each school.

SB 287 (Hueso, Chapter 449, Statutes of 2015), requires certain buildings with capacities of 200 persons or greater, as specified, constructed on or after January 1, 2017, to have an AED on the premises.

SB 658 (Hill, Chapter 264, Statutes of 2015) repeals or reduces various requirements relating to entities who acquire AEDs, including repealing requirements that employees complete training, and reducing the inspection requirements from every 30 days to every 90 days.

- 8) *Support.* This bill is supported by AYSO, which states that the amended versions of this bill and AB 310 represent a thoughtful, practical approach to improving athlete safety without placing undue burdens on the volunteer-driven programs that form the backbone of youth sports. These measures provide critical safeguards while allowing organizations like ours to continue delivering safe, inclusive, and accessible opportunities for children to play, grow, and thrive. AYSO states that passing both of these bills is vital to ensuring youth sports remain a positive and sustainable part of California's communities.
- 9) *Oppose unless amended.* The League of California Cities and the California Association of Recreation and Park Districts submitted a joint oppose unless amended letter, stating that they want to be partners in the author's desire to improve safety for children, parents, and coaches. Unfortunately, as currently drafted, this bill raises significant concerns related to feasibility and cost that may result in unintended consequences. Ensuring AEDs are accessible at all parks during practices and games would require significant new investments, staffing, and equipment management. This includes not just purchasing the AED but also installing secure, weather-resistant enclosures, expanding maintenance and inspection protocols, and potentially revising field-use policies. Many jurisdictions would need to install AEDs outdoors, affixing them to park infrastructures, since many of these practices and games are after hours when city hall and community centers are closed. Outdoor AEDs can cost thousands of dollars to purchase and securely install, as additional measures are needed to protect from vandalism and theft. Additionally, the definition of "permanent sports infrastructure" could be interpreted to include a wide range of infrastructure, from parks with a single basketball court to large-scale sports complexes. It also raises questions about how many AEDs must be available in a park with multiple sports facilities. Fields and facilities may be restricted or closed to youth sports if compliance is not possible. The League of Cities and the California Association of Recreation and Park Districts note that implementation of the AED requirement is not until 2027 (or 2028 if AB 310 is signed into law), and there has not been enough time to consider the implications of this bill that was only recently amended. These organizations request that stakeholders would review over the fall and come back next year with a proposal that balances access to AEDs and effective implementation for municipalities ahead of the 2027 implementation deadline.

The California Park & Recreation Society (CPRS) is also opposed unless amended, making similar arguments to the League of California Cities above. CPRS states the definition of "permanent facilities" is vague and can lead to underutilization of a public asset. CPRS points to a park in Folsom, and states that this bill would require AED installations at its three soccer fields, four softball/little league fields, and its basketball facility, with an average

cost to comply at \$1,500 per AED plus \$2,000 per unit to house the AED for weatherization and to prevent vandalism. Folsom has more than forty parks and over one hundred permanent facilities. Los Angeles County's Department of Parks and Recreation operates five times the number of facilities. Therefore, the one-time capital cost for compliance statewide will be in the tens if not hundreds of millions, with an additional cost in the millions for maintenance purposes. CPRS proposes an alternative approach to require the California Department of Public Health to develop regulations to resolve some of these questions.

Sonoma County Regional Park's Department also opposes this bill unless amended, for many of the reasons stated above, and also requests that it be made a two-year bill, or joins CPRS in requesting that CDPH adopt regulations resolving some of the issues.

- 10) *Opposition.* The City of Belmont is opposed to this bill, stating that it has serious concerns about the unfunded nature of this mandate and unintended consequences it may impose on municipalities and community programs across California. Belmont states that recent advancements in AED technology and a generous grant from a local healthcare agency has allowed Belmont to install locked, publicly accessible AED units in visible, strategic locations at all fields with permanent sports infrastructure. However, Belmont states that their success in implementing this model relied heavily on grant funding and external support, and without such resources, the cost of procuring, installing, and maintaining readiness would have been prohibitive. The reality is that not every city or district can access similar funding or has the capacity to absorb such costs. Belmont is concerned that without significant financial support, fiscally constrained cities may be left with no choice but to reduce public access to athletic fields or raise user fees to comply, steps that could ultimately limit youth participation in organized sports.
- 11) *What's the rush?* The driving force behind this bill is the looming requirement for youth sports organizations to ensure access to AEDs at all official practices and matches. However, under existing law, this requirement does not take effect until January 1, 2027. Further, AB 310 is extending that effective date until January 1, 2028. The burden of complying with the AED requirement is a real issue for youth sports organizations, but this bill's proposal to shift that burden to the facilities where teams play also raises a number of issues for the owners of those facilities, whether they are schools, cities, park districts, churches, or other entities. There are questions about what constitutes "permanent sports infrastructure," defined as a "fixed, nontemporary facility or structure designed and maintained for the purpose of hosting organized sports activities." For example, would it include every school or park with just a single basketball court, or are some of those excluded because they "are not designed and maintained for the purpose of hosting organized sports activities"? Would it include soccer fields with large goals that are left in the field year round, even though they are technically moveable? And even if a location doesn't meet the definition of a facility with "permanent sports infrastructure," a youth team has to ensure access to an AED at any location where one already exists. Does that mean an elementary school with a basketball court, where a team practices after hours, has to ensure the team has a key to the office where the school nurse has an AED?

This bill was amended at the deadline to process gut & amends as part of a good faith effort to address the concerns of youth sports organizations. However, given that there is at least another full year, possibly two, before the AED requirement kicks in, the author and committee may wish to consider whether this bill should remain in this Committee for this

year to allow stakeholders the time to try and resolve the questions raised by these amendments, and move the bill next year.

**SUPPORT AND OPPOSITION:**

**Support:** American Youth Soccer Organization

**Oppose:** California Association of Recreation & Park Districts (unless amended)  
California Park & Recreation Society (unless amended)  
City of Belmont  
League of California Cities (unless amended)  
Sonoma County Regional Parks (unless amended)

**-- END --**