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## SENATE COMMITTEE ON HEALTH

Senator Akilah Weber Pierson, Chair

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**BILL NO:** AB 387  
**AUTHOR:** Alanis  
**VERSION:** June 15, 2026  
**HEARING DATE:** June 24, 2026  
**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, starting January 1, 2028, by assigning responsibility for ensuring access to an AED to a public or private local facility, if that public or private local facility has a permanent sports infrastructure that is designed and maintained for the purpose of hosting organized sports activities.

**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, beginning January 1, 2028, to ensure that its athletes have access to an AED during any official practice or match, defined as a sport session in which live action or one or more drills are conducted, or a match, as scheduled by the youth sports organization, the coach, or other designee of the organization. [HSC §124238 and §124238.5]
- 3) Requires, beginning January 1, 2027, a youth sports organization to ensure that its coaches are certified, and recertified every two years, to perform cardiopulmonary resuscitation (CPR) and operate an AED and that there is a written cardiac emergency response plan, as specified. [HSC §124238.5(b)]
- 4) 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 (SCA) information sheet, to each athlete on an annual basis. [HSC §124235]
- 5) Requires each coach, administrator, and referee, umpire, or other game official of the youth sports organization to successfully complete concussion and head injury and SCA 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)]
- 6) Requires “SCA prevention education and educational materials” and a “SCA information sheet” to include, at a minimum, information relating to cardiac conditions and their potential consequences, the signs and symptoms of SCA, 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)]

- 7) 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)]
- 8) 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)]
- 9) 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 SCA 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]
- 10) 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]
- 11) 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)]
- 12) 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 assigning responsibility for ensuring access to an AED as follows:
  - a) Requires the facility to procure and maintain an AED and ensure access during an official practice or match at any public or private local facility with a permanent sports infrastructure; and,
  - b) Requires the youth sports organization to ensure there is access to an AED that is operational and has it available during the practice or match if the AED is not available at a public or private local facility.

- 2) Defines “permanent sports infrastructure,” as a fixed, nontemporary facility or structure designed and maintained for the purpose of hosting organized sports activities that is regularly permitted, rented, leased, or otherwise granted permission of use for youth sports programs.
- 3) Clarifies that a public or private local facility with a permanent sports infrastructure, in addition to a youth sports organization, is required to ensure that its AED is maintained and tested.
- 4) Requires, beginning January 1, 2028, a public or private local facility to work in collaboration with the youth sports organization to ensure an AED is installed or accessible at the facility.
- 5) Requires, beginning January 1, 2028, a public or private local facility to work with the youth sports organization to identify means to share the financial costs associated with ensuring an AED is installed or accessible at the facility.

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

**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. 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 SCA 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 SCA.* 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 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 (a “circulation” problem), and SCA is when the heart malfunctions and suddenly stops beating unexpectedly (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 do not 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 does not 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 SCA. 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 to 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 amended in the Senate last year to address concerns arising from a prior bill.* As described in related prior legislation below, the author of this bill also had AB 310 (Alanis, Chapter 254, Statutes of 2025) last year. 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 groups 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 and amended in the Senate last June 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) *Prior legislation.* AB 310 (Alanis, Chapter 254, Statutes of 2025) delayed the implementation of the 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. AB 310 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 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 SCA 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, and applies this requirement to existing buildings that undergo a significant modification 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 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.

- 7) *Support.* This bill is supported by AYSO, which states that this bill represents a thoughtful, practical approach to improving athlete safety without placing undue burdens on the volunteer-driven programs that form the backbone of youth sports. This bill allows organizations to continue delivering safe, inclusive, and accessible opportunities for children to play, grow, and thrive. AYSO states that passing this bill is vital to ensuring youth sports remain a positive and sustainable part of California’s communities.

The Eric Paredes Save a Life Foundation supports this bill, stating that this bill builds upon California’s existing youth sports safety standards by closing a loophole requiring public and

private local facilities with permanent sports infrastructure to procure, maintain, and provide access to AEDs during youth sports activities. According to the Eric Paredes Save a Life Foundation, SCA is the leading cause of death on school campuses and number one killer of student athletes, and that an estimated 23,000 youth are stricken annually by cardiac conditions across the country. Fragmented youth leagues often travel across various fields and lack the financial capability or permanent authority to manage physical hardware at the facilities they rent. This bill shifts the responsibility of AED procurement and maintenance to the entities that own the permanent sports infrastructure. This bill ensures life-saving equipment remains reliably on-site, fully functional, and accessible precisely when a cardiac emergency happens.

- 8) *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. Specifically, their letter points to the requirement that facilities with "permanent sports infrastructure" ensure access to an AED, and states that this definition is very broad, encompassing most public parks, including community parks with a single basketball or tennis court and school gymnasiums. Additionally, there are outlier activities including interscholastic golf, mountain biking, and skiing which may also fall within this definition. Ensuring AEDs are accessible at all parks would require significant new investments, including installing secure, weather-resistant enclosures. A stationary outdoor AED with a lockable storage case can cost more than \$3,000, and some estimates, including installation costs, run as high as \$15,000 per device, compared to as little as \$500 for a portable AED that travels with teams.
- 9) *Opposition.* A coalition of opponents, including the California State Association of Counties, the Rural County Representatives of California, the Association of California School Administrators, the California Association of Recreation and Parks Districts, Urban Counties of California, and the Los Angeles Unified School District, wrote jointly in opposition. This coalition notes that existing law already requires youth sports organizations to ensure their athletes have access to an AED at every practice and match by January 1, 2027, and that this bill would transfer that obligation entirely to facility owners – including schools and parks. This shift amounts to a significant unfunded mandate, and the coalition argues that the costs, burden, and risks brought by this bill are necessary for public agencies, particularly at a time of severe fiscal challenges and uncertainty.

The City of Santa Rosa opposes this bill, stating that they own and operate numerous athletic fields, parks, and recreational facilities that are used by a variety of youth sports leagues throughout the year. Compliance with this bill would require substantial new expenditures for the purchase of AEDs, replacement batteries and pads, routine inspections, staff training, and the development of storage and access protocols. This bill does not provide any state funding or grant assistance to offset these costs, leaving local governments and taxpayers responsible for implementation. In addition, this bill creates significant administrative challenges by requiring local agencies to monitor and enforce compliance among independent organizations that use public facilities for youth sports activities. Without dedicated funding, the costs associated with this bill could ultimately reduce access to youth sports opportunities, particularly for low-income families and communities. 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.

**SUPPORT AND OPPOSITION:**

- Support:** American Youth Soccer Organization  
 California Association of School Police Chiefs  
 California Coalition of School Safety Professionals  
 Eric Paredes Save a Life Foundation  
 Los Angeles School Police Management Association  
 Los Angeles School Police Officers Association  
 Riverside Police Officers Association  
 Riverside Sheriffs' Association
- Oppose:** Association of California School Administrators  
 California Association of Joint Powers Authorities  
 California Association of Recreation & Park Districts  
 California Association of School Business Officials  
 California Park & Recreation Society (unless amended)  
 California State Association of Counties  
 City of Belmont  
 City of Corona  
 City of Rancho Cucamonga (unless amended)  
 City of Santa Rosa  
 League of California Cities (unless amended)  
 Los Angeles Unified School District  
 Public Risk Innovation, Solutions, and Management  
 Rural County Representatives  
 Sonoma County Regional Parks (unless amended)  
 Urban Counties of California

-- END --