Office of Senate Floor Analyses
(916) 651-4171

THIRD READING

Bill No: AB 387
Author: Alanis (R)
Amended: 6/25/26 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 6/24/26
AYES: Weber Pierson, Valladares, Caballero, Durazo, Gonzalez, Grove, Menjivar, Padilla, Pérez, Rubio, Smallwood-Cuevas

SENATE EDUCATION COMMITTEE: 7-0, 7/1/26
AYES: Pérez, Ochoa Bogh, Cabaldon, Choi, Cortese, Gonzalez, Reyes

ASSEMBLY FLOOR: 67-0, 3/13/25 - See last page for vote

SUBJECT: Nevaeh Youth Sports Safety Act

SOURCE: Author

DIGEST: This bill 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 allowing a public or private local facility with a permanent sports infrastructure to procure and maintain an AED, in which case the public or private local facility would be responsible for ensuring access to the AED.

ANALYSIS:

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. [Health and Safety Code (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) Permits a public or private local facility with a permanent sports infrastructure, as defined by this bill, to procure and maintain an AED for use during an official practice or match permitted by the facility, and in these cases, requires the facility to ensure that the youth sports organization as access to the AED; or,
b) If an AED is not available at a public or private local facility, requires the youth sports organization to ensure there is access to an AED.

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 a public or private local facility to work in collaboration with the youth sports organization to ensure that any AED that is installed at the public or private local facility is accessible to youth sports organizations at the time of official practices or matches permitted by the facility.

5) Requires a public or private local facility that has installed an AED at the facility to work with the youth sports organization to identify means to share the financial costs associated with ensuring that the AED is maintained and accessible at the facility.

Comments

According to the author:

> This bill would require public or private local facilities with a permanent sports infrastructure, that have installed an AED, ensure youth sports organizations have access to those AEDs. 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 continue to require youth sports organizations to be responsible for ensuring athletes have access to AEDs during official practices or matches if the facility has not installed an AED.

Background

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.

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.

Related/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.

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

SUPPORT: (Verified 7/27/26)

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

OPPOSITION: (Verified 7/27/26)

Association of California School Administrators
California Association of Joint Powers Authorities
California Association of School Business Officials
California State Association of Counties
City of Belmont
City of Buena Park
City of Corona
City of Lancaster
City of Santa Rosa
Los Angeles Unified School District
Public Risk Innovation, Solutions, and Management
Rural County Representatives
Sonoma County Regional Parks
Urban Counties of California

ARGUMENTS IN 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 ensures life-saving equipment remains reliably on-site, fully functional, and accessible precisely when a cardiac emergency happens.

ARGUMENTS IN OPPOSITION:

Oppose unless amended. Sonoma County Regional Parks Department has concerns that the definition of "permanent facilities" described in this bill is, in fact, undefinable and can lead to a litany of ambiguities as to the scope and number of devices required to achieve compliance. Additionally, this bill clouds and exacerbates questions surrounding immunity protections given the disconnect between facility and AED ownership and facility user groups. Sonoma County Parks recommends that this bill be under consideration as a two-year bill, or failing that, to adopt an alternative approach to prevent possible unintended consequences.

Opposition. A coalition of opponents, including the California State Association of Counties, the Rural County Representatives of California, the Association of California School Administrators, 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, 2028, and that this bill would transfer that obligation 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.

ASSEMBLY FLOOR: 67-0, 3/13/25
AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gallagher, Gipson, Jeff Gonzalez, Mark González, Haney, Harabedian, Hoover, Jackson, Kalra, Krell, Lackey, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Pacheco, Papan, Patel, Patterson, Pellerin, Quirk-Silva, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Wallis, Wicks, Wilson, Zbur, Rivas
NO VOTE RECORDED: Bauer-Kahan, Essayli, Gabriel, Garcia, Hadwick, Hart, Irwin, Lee, Ortega, Petrie-Norris, Ramos, Valencia, Ward

Prepared by: Vincent D. Marchand / HEALTH / (916) 651-4111
8/3/26 17:24:30

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