
SENATE COMMITTEE ON EDUCATION

Senator Sasha Renée Pérez, Chair

2025 - 2026 Regular

Bill No:	SB 1347	Hearing Date:	April 8, 2026
Author:	Niello		
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Urgency:	No	Fiscal:	No
Consultant:	Therresa Austin		

Subject: Pupil health: emergency stock albuterol inhalers.

SUMMARY

This bill extends the authorization for school districts, county offices of education (COEs), and charter schools to provide and administer emergency stock albuterol inhalers, to apply to childcare programs operated by or under contract with a local educational agency (LEA), as specified, as well as their trained employees.

BACKGROUND

Existing law:

- 1) Authorizes school districts, COEs, and charter schools to provide emergency stock albuterol inhalers, including, if necessary, single-use disposable holding chambers, to school nurses or trained personnel who have volunteered, as specified. Authorizes school nurses or trained personnel to use as emergency stock albuterol inhaler to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from respiratory illness. (Education Code (EC) § 49414.7)
- 2) Authorizes private elementary and secondary schools in the state to voluntarily determine whether or not to make emergency stock albuterol inhalers and trained personnel available at its school. Specifies that in making this determination, a school shall evaluate the emergency medical response time to the school and determine whether initiating emergency medical services is an acceptable alternative to stock albuterol inhalers and trained personnel. (EC § 49414.7)
- 3) Authorizes each public school and private elementary and secondary school in the state to designate one or more volunteers to receive initial and annual refresher training based on the standards, as specified, regarding the storage and emergency use of a stock albuterol inhaler from the school nurse or other qualified person designated by an authorizing physician and surgeon. (EC § 49414.7)
- 4) Authorizes a pupil who is required to take, during the regular school day, medication prescribed for the pupil by a physician or surgeon, to be assisted by the school nurse or other designated school personnel or may carry and self-administer inhaled asthma medication if the school district receives the appropriate written statement from the physician or surgeon detailing the name of

the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil requesting that the school district assist the pupil in the matters set forth in the statement of the physician or surgeon. (EC § 49423.1)

- 5) Specifies in order for a pupil to carry and self-administer prescription inhaled asthma medication, the school district shall obtain both a written statement from the physician or surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section. (EC § 49423.1)
- 6) Requires the governing board of any school district to give diligent care to pupils' health and physical development and authorizes it to employ properly certified persons to conduct this work. (EC § 49400)

ANALYSIS

This bill adds childcare programs that are operated by or contracted under an LEA, as well as their employees who have volunteered and received appropriate training existing list of entities authorized to receive emergency stock albuterol from an LEA and use said emergency stock albuterol to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from respiratory distress. Specifically, this bill:

- 1) Changes references from "school district, COE, or charter school" to "local educational agency."
- 2) Defines "childcare program" to mean "a state or federally subsidized childcare program operated by, or under contract with, an LEA, including, but not limited to, a California state preschool program or Head Start program pursuant to Chapter 2 (commencing with Section 8200) of Part 6 of Division 1 of Title 1, or a childcare program, including, but not limited to, general childcare and development programs pursuant to Part 1.8 (commencing with Section 10207) of Division 9 of the Welfare and Institutions Code."
- 3) Changes references from "private elementary and secondary school" to "private school."
- 4) Amends the definition of volunteer or trained personnel, authorized to administer stock albuterol under specified conditions, to include employees of a childcare program who have volunteered, received training, and are subject to liability limitations pursuant to existing law.

- 5) Authorizes childcare programs operated by or under contract with an LEA to designate one or more volunteers to receive initial and annual refresher training, as specified.
- 6) Adds childcare programs to the existing entities to which LEAs electing to utilize stock albuterol inhalers for emergency aid must distribute specified biannual notices.
- 7) Recasts the requirement for a qualified supervisor of health of a LEA electing to utilize stock albuterol inhalers for emergency aid to obtain from an authorizing physician and surgeon a prescription for stock albuterol inhaler for each site, to include childcare programs.
 - a) Requires those prescriptions to, at a minimum, include appropriate doses of available stock albuterol inhalers for the ages and weights of individuals at each site including any childcare programs.
- 8) Adds childcare programs operated by or contracted under LEAs to the existing provisions regarding liability for civil damages resulting from any act or omission, other than an act or omission constituting gross negligence or willful and wanton misconduct, in the emergency administration of an albuterol inhaler by any of its school nurses or trained volunteers who have volunteered, as specified.
- 9) Adds employees of childcare programs that are operated by or under contract with an LEA to the type of employees that shall be provided defense and indemnification by an LEA for any and all civil liability, as specified.

STAFF COMMENTS

- 1) ***Need for the bill.*** According to the author, “In 2023, the Legislature passed on a bi-partisan basis AB 1283 (Chen), which authorized stock albuterol in public schools. This measure has helped safeguard children and has ensured our school health professionals have the necessary medication on hand at school to provide lifesaving treatment.

“Albuterol is a prescribed medicine used to prevent and treat wheezing, difficulty breathing, chest tightness, and coughing caused by lung diseases such as asthma. Albuterol is in a class of medications called bronchodilators and works by relaxing and opening the air passages to the lungs to make breathing easier.

“Since the passage of AB 1283 (Chen, 2023), the state has made access to preschool a priority and is now expanding to Universal Preschool. This prioritization means the traditional definitions of “school” hasn’t always been clear in the education code whether it included preschool. Some school districts have expressed confusion if they are supposed to be providing the stock albuterol in their preschool programs. Clarity in statute is needed for schools to ensure they do not have any exposed liability for their preschool students. This is consistent with the passage of SB 568 (Niello) in 2025 which clarified the stock epinephrine in schools program also applied to preschool.”

- 2) ***Asthma prevalence in children.*** According to Tracking California, a program of the Public Health Institute partnered with California Breathing, in 2021-2022, an estimated 9.9% of California children ages 0-17 had been diagnosed with asthma at some point in their lives. For those aged 0-4, that number stands at an estimated 2.9%. While asthma does not result in hospitalization for most children, there were 6822 hospitalizations for asthma among children ages 0-17 statewide in 2023, with roughly 3223 of those involving children ages 0-4.

Asthma is one of the most common chronic diseases among children in the U.S. and a leading cause of pediatric hospitalization. It is also the top reason for missed school days, accounting for more than 5.2 million absences annually. Asthma rates vary by region, demographics, environment, physician diagnostic practices, and access to care. Although identifying the impact of independent risk factors for asthma is difficult, children of color and those from low-income families are disproportionately at high risk for severe symptoms, missed school days, and hospital visits.

- 3) ***What is albuterol?*** According to the Mayo Clinic, albuterol is an adrenergic bronchodilator that is used to treat or prevent bronchospasm in patients with asthma, bronchitis, emphysema, and other lung diseases. It is also used to prevent bronchospasm caused by exercise. Adrenergic bronchodilators are medicines that are breathed in through the mouth to open up the bronchial tubes (air passages) in the lungs. They relieve cough, wheezing, and trouble breathing by increasing the flow of air through the bronchial tubes. Albuterol is available in powder, solution, and suspension dosage forms.
- 4) ***The management of asthma in California schools.*** The California Department of Public Health (CDPH) “Guidelines for the Management of Asthma in California Schools” and “Asthma Action Plan for Schools and Families” assist schools in effectively managing this chronic disease. The “Guidelines for the Management of Asthma in California Schools” were developed jointly by health professionals in the California Department of Education (CDE) and the California Asthma Public Health Initiative in statewide collaboration with asthma experts and stakeholders.

Further, the CDPH, in partnership with the CDE and the Department of Health Care Access and Information (HCAI), has issued a statewide standing order for albuterol to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from respiratory distress in California schools. Using the online form, LEAs can generate a standing order to use as a prescription for albuterol to ensure the safety and well-being of persons experiencing respiratory distress in schools or during school activities. CDPH states in its [Albuterol Standing Order Frequently Asked Questions](#) page that existing law authorizes some preschools to develop a stock albuterol program if they are co-located on a TK–12 site.

Finally, according to its website, CalRx, in partnership with the CDPH Office of School Health, has announced plans to launch a centralized ordering system to supply California’s TK–12 schools with albuterol inhalers and single-use disposable spacers at no cost over a three-year period beginning in Summer 2026.

5) ***The California State Preschool Program, Head Start, and General Child Care and Development programs.*** This bill seeks to extend the existing authorization for LEAs to provide emergency stock albuterol inhalers to school nurses and trained volunteers, to include childcare programs and their employees who have volunteered and received specified training. The bill also seeks to extend the authorization for school nurses and trained volunteers at LEAs to use stock albuterol inhalers to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from respiratory distress, to trained volunteer childcare employees at childcare programs the LEA contracts with or operates. These childcare programs include the CSPP, Head Start, and General Child Care and Development programs.

- The CSPP provides both part-day and full-day services to eligible three- and four-year-olds. These services include developmentally, culturally, and linguistically appropriate curriculum, meals and snacks, parent education, and referrals to health and social services for families.
- Head Start is a federally funded early childhood education program that provides comprehensive services—including education, health, nutrition, and family support—to low-income children (ages 0-5) and their families.
- General Child Care and Development programs, as defined in Part 1.8 (commencing with Section 10207) of Division 9 of the Welfare and Institutions Code, are state and federally funded programs that provide child development services for children from birth through 12 years of age and older children with exceptional needs. These programs provide an educational component that is developmentally, culturally, and linguistically appropriate for the children served, as well as services like meals and snacks, parent education, and referrals to health and social services for families.

While many of these programs can be administered by either public or private agencies, this bill would only extend the existing LEA related authorizations to child care programs that are operated or contracted by an LEA.

6) ***Dosage considerations for small children.*** This bill expands the stocking and provision responsibilities of an LEA that elects to utilize emergency stock albuterol inhalers, to include provisions for childcare programs that it operates or contracts with. Among these responsibilities is the requirement to obtain the necessary prescriptions from an authorizing physician or surgeon for stock albuterol inhalers that, at a minimum, include appropriate doses of available inhalers for the ages and weights of individuals at each site including any childcare programs.

Albuterol dosage is typically determined based on a combination of factors, including age, weight, dosage forms, and strength of medicine. The following are typical prescribed dosages, according to the Mayo Clinic:
Inhalation aerosol dosage form (inhaler) for prevention of exercise-induced bronchospasm:

- Adults and children 4 years of age and older—Two puffs taken 15 to 30 minutes before exercise.
- Children younger than 4 years of age— Use and dose must be determined by a child’s doctor.

Inhalation powder dosage form (inhaler) for prevention of exercise-induced bronchospasm:

- Adults and children 4 years of age and older—Two puffs taken 15 to 30 minutes before exercise.
- Children younger than 4 years of age— Use and dose must be determined by a child’s doctor.

Inhalation solution dosage form (used with a nebulizer) for prevention of bronchospasm:

- Adults and children older than 12 years of age—2.5 milligrams (mg) in the nebulizer 3 or 4 times per day as needed.
- Children 2 to 12 years of age—0.63 to 1.25 mg in the nebulizer 3 or 4 times per day as needed.
- Children younger than 2 years of age—Use and dose must be determined by your child’s doctor.

By extending existing authorizations that LEAs have to the childcare setting, this bill inherently extends the age ranges of children who may be administered emergency stock albuterol inhalers by a school nurse or trained volunteer if they are suffering, or reasonably believed to be suffering, from respiratory distress. This bill requires that the prescriptions retained by the LEA, at a minimum, include appropriate doses of available stock albuterol inhalers for the ages and weights of individuals at each participating child care site.

7) ***Related Legislation.***

SB 1443 (Senate Education Committee, 2026) includes two provisions of this bill: (1) the change of the phrase “school district, county office of education, or charter school” to “local educational agency”, and (2) the change of the phrase private primary and secondary school” to “private school”. *SB 1443 is currently in the Senate Education Committee and will be amended to remove those provisions.*

SB 568 (Niello, Chapter 322, Statutes of 2025) updates terminology from “epinephrine auto-injectors” to “epinephrine delivery systems” in sections of Education Code related to an LEAs requirement to provide emergency epinephrine to school nurses or trained personnel; (2) specifically includes programs operated by or under contract with LEAs in existing provisions; and, (3) expands existing provisions to also apply to state or federally subsidized child care programs operated by or under contract with LEAs.

AB 1283 (Chen, Chapter 574, Statutes of 2023) authorizes a LEA to make emergency stock albuterol inhalers available at school districts, COEs, and charter schools, and authorizes school nurses or trained personnel who have volunteered to administer an albuterol inhaler to persons suffering from, or reasonably believed to be suffering from, respiratory distress.

SB 738 (Huff, Chapter 132, Statutes of 2015) requires a school district to accept the written statement from a physician who is contracted with a binational health plan for the purposes of authorizing a pupil to carry and self-administer inhaled asthma medication that the pupil is required to administer during the regular school day.

AB 2132 (Reyes, Chapter 832, Statutes of 2004) authorizes a pupil to carry and self-administer medication, including inhaled asthma medication, or to receive assistance from school personnel, if the school district receives written statements, as specified.

AB 2185 (Frommer, Chapter 711, Statutes of 2004) requires specified health care service plans to provide coverage for equipment for treating pediatric asthma and coverage for pediatric asthma outpatient self-management training and education.

AB 2367 (Chan, 2004) would have required school districts that receive an asthma action plan to maintain the plan on file and provide it to teachers. *This bill was held in the Assembly Appropriations Committee.*

SUPPORT

American Medical Response West
California School Nurses Organization
California Society for Respiratory Care
Small School Districts Association

OPPOSITION

None received

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