
THIRD READING

Bill No: SB 1347
Author: Niello (R)
Amended: 4/6/26
Vote: 21

SENATE EDUCATION COMMITTEE: 7-0, 4/8/26
AYES: Pérez, Ochoa Bogh, Cabaldon, Choi, Cortese, Gonzalez, Reyes

SUBJECT: Pupil health: emergency stock albuterol inhalers

SOURCE: Author

DIGEST: 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.

ANALYSIS:

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)

This bill:

- 1) Adds childcare programs that are operated by or contracted under an LEA, as well as their employees who have volunteered and received appropriate training, to the 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.
- 2) Changes references from “school district, COE, or charter school” to “local educational agency.”
- 3) 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.”
- 4) Changes references from “private elementary and secondary school” to “private school.”
- 5) 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.
- 6) 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.

- 7) Adds childcare programs to the existing entities to which LEAs electing to utilize stock albuterol inhalers for emergency aid must distribute specified biannual notices.
- 8) 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.
- 9) 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.
- 10) 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.

Comments

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.”

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.

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.

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. 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 childcare site.

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

SUPPORT: (Verified 4/8/26)

American Medical Response West
California School Nurses Organization
California Society for Allergy, Asthma and Immunology
California Society for Respiratory Care
Small School Districts Association

OPPOSITION: (Verified 4/8/26)

None received

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4/10/26 12:30:54

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