Date of Hearing: July 16, 2025

ASSEMBLY COMMITTEE ON EDUCATION
Al Muratsuchi, Chair
SB 568 (Niello) – As Amended July 7, 2025

SENATE VOTE:

SUBJECT: Pupil health: epinephrine delivery systems: public schools and programs

SUMMARY: Replaces references to "epinephrine auto-injectors" with "epinephrine delivery systems" as it relates to the authority of local education agencies (LEAs), including contracted programs, to store the medication, to have trained volunteers available to administer it to students suffering from anaphylaxis, and for students to carry and self-administer the medication, as appropriate. Specifically, **this bill**:

1) Replaces references to "epinephrine auto-injectors" to "epinephrine delivery systems" with respect to the authority of LEAs to store the medication, to have trained volunteers available to administer it to students suffering from anaphylaxis, and for students to carry and self-administer the medication.

2) Clarifies that the requirement to provide emergency epinephrine delivery systems, and the associated responsibilities, applies to each schoolsite of an LEA, and expands the responsibilities to any program operated by or under contract with the LEA.

3) Requires an LEA to obtain a prescription for epinephrine delivery systems from an authorizing physician for each schoolsite, including appropriate doses for the ages and weights of the individuals at the schoolsite, including those participating in any program operated by or under contract with the LEA.

4) Removes references to adult and junior epinephrine auto-injectors in the content of the training and requires a determination of which epinephrine delivery system to maintain and use based upon the age of the person suffering from an anaphylactic reaction, as a guideline of equivalency for the person's weight determination.

5) Replaces the authorization for a student to carry and self-administer auto-injectable epinephrine with epinephrine delivery systems, subject to specified conditions.

6) Defines an "epinephrine delivery system" as a disposable delivery system designed for the delivery of a premeasured dose of epinephrine into the human body to prevent or treat a life-threatening allergic reaction.

7) Defines "local educational agency" as a school operated by a school district, county office of education (COE), or a charter school.

8) Amends the definition of volunteer or trained personnel, authorized to administer epinephrine under specified conditions, to include employees of a program operated by or under contract with the LEA, as specified.

9) Makes technical and conforming changes.

EXISTING LAW:

1) Requires the governing board of any school district to give diligent care to the health and physical development of pupils, which may include employing properly certified persons for the work. (Education Code (EC) Section 49400)

2) Requires a school district, COE, and charter school to provide emergency epinephrine auto-injectors to school nurses or trained volunteers, and allows those individuals to utilize epinephrine auto-injectors to provide emergency medical aid to persons suffering from an anaphylactic reaction. (EC 49414)

3) Authorizes each public and private elementary and secondary school in the state to voluntarily determine, as specified, whether or not to make emergency epinephrine auto-injectors and trained personnel available at its school. (EC 49414)

4) Permits each public and private school to designate one or more volunteers to receive initial and annual refresher training, based on specified standards, regarding the storage and emergency use of an epinephrine auto-injector from the school nurse or other qualified person designated by an authorizing physician or surgeon. (EC 49414)

5) Requires a school nurse, or if the school does not have a school nurse or the school nurse is not onsite or available, a school administrator, to obtain from the school district physician, the medical director of the local health department, or the local emergency medical services director a prescription for epinephrine auto-injectors. (EC 49414)

6) Requires the Superintendent of Public Instruction (SPI) to review, every five years or sooner, standards of training for the administration of epinephrine auto-injectors by consulting with organizations and providers with expertise in administering epinephrine auto-injectors and administering medication in a school environment. (EC 49414)

7) Sets minimum requirements for the training described above, requiring certain topics about anaphylaxis and procedures for rendering emergency treatment to be included in the training, and for the training to be consistent with guidelines of the federal Centers for Disease Control and Prevention (CDC). (EC 49414)

8) Requires a school district, COE, or charter school to ensure that each employee who volunteers will be provided defense and indemnification by the school district, COE, or charter school for any and all civil liability, as specified, and requires that this information be provided in writing and retained in the volunteer's personnel file. (EC 49414)

9) Defines "volunteer" and "trained personnel" as an employee who has volunteered to administer epinephrine auto-injectors to a person suffering, or reasonably believed to be suffering, from anaphylaxis and who has been designated by a school and has received training. (EC 49414)

10) Authorizes a student to carry and self-administer a prescription auto-injectable epinephrine provided that the school district receives a written statement from the student's physician and a written statement from the parent or guardian releasing school personnel from civil liability if the self-administering student suffers an adverse reaction. (EC 49423)

FISCAL EFFECT: According to the Senate Appropriations Committee:

- This bill could result in additional, unknown Proposition 98 General Fund costs for LEAs to stock emergency epinephrine delivery systems. While some LEAs may choose to stock epinephrine delivery systems along with auto-injectors, some LEAs may replace them altogether. A precise estimate will depend on how many schools elect to purchase the epinephrine delivery systems, which may cost about $50 each. Assuming that each of the state's 10,000 school purchases one system, statewide costs would be approximately $500,000. To the extent that the Commission on State Mandates determines the bill's requirements to be a reimbursable state mandate, the state would need to reimburse these costs or there could be pressure to increase funding for the K-12 Mandate Block Grant.

- Any costs for the California Department of Education (CDE) to review training for emergency epinephrine delivery systems, in addition to auto-injectors, at least every five years, should be minor and absorbable within existing resources.

COMMENTS:

Need for the bill. According to the author, "In 2014, the Legislature passed on a bi-partisan basis SB 1266 (Huff) which required epinephrine in public schools. This measure has helped safeguard children (saving countless lives to date) and has ensured our school health professionals have the necessary medication on hand at school to provide lifesaving treatment.

According to Food Allergy Research Education (FARE), as many as 33 million Americans suffer from life threatening allergies. It is estimated that nearly 6 million of these people are children under the age of 18, that is one in every 13 children, or 2 in every classroom. Many first time allergic reactions that require epinephrine happen at school.

Anaphylaxis is a potentially lethal allergic reaction. It can happen when a person is stung by a bee, ingests food such as shellfish or nuts, or maybe even just comes in contact with something as simple as latex. Epinephrine is the first line of treatment for someone who is experiencing anaphylaxis. It can be easily administered and has very little side-effect. Allergic reactions can be severe, even fatal, without prompt administration of epinephrine.

Since the passage of SB 1266, the state has made access to preschool a priority and is now expanding to universal preschool. State preschool was not contemplated under the original bill although the intent of the author was to provide access to all students. It is now necessary to not only modernize the code with medication delivery system language changes (as new and improved medication has come to market), but to also address the potential gap that preschoolers may have by not being specifically called out in the original bill.

Some districts have expressed confusion if they are supposed to be providing the epinephrine in their preschool programs. SB 568 provides clarity that is needed for schools to ensure they do not have any exposed liability for their preschool students."

This bill would authorize schools to meet the existing requirement to stock an emergency epinephrine auto-injector by providing at least one type of emergency epinephrine delivery system, which could include the recently approved nasal spray. Current California law permits school districts, COEs, and charter schools to provide emergency epinephrine auto-injectors to

trained personnel and to permit trained personnel to utilize the auto-injectors to respond to a person suffering from anaphylaxis. This bill changes the references to LEAs and extends the authorization to include other types of epinephrine delivery systems.

The bill also adds the requirement that the emergency epinephrine be made available through any programs operated by or under contract with the LEA. The bill does not clearly define what is meant with the inclusion of "any program operated by or under contract with the LEA." The author has stated that their intent was to ensure that childcare programs on the schoolsite, including preschool programs, have access to epinephrine that is available on the schoolsite. ***The Committee may wish to consider*** whether it would provide clarity to specify which contracted programs are being included.

Current law ensures that school employees designated to administer to individuals suffering from anaphylaxis be given the opportunity to volunteer to do so, to receive training, and to be indemnified from civil liability. ***The Committee may wish to consider*** making it clear that these requirements also apply to employees of a childcare program being designated to administer epinephrine.

Alternative to epinephrine auto-injector. In August 2024, the U.S. Food and Drug Administration (FDA) approved an epinephrine nasal spray for the emergency treatment of allergic reactions, including those involving anaphylaxis in adults and children weighing at least 66 pounds. This is the first epinephrine product that is not administered by injection. The FDA noted that "anaphylaxis is life-threatening, and some people, particularly children, may delay or avoid treatment due to fear of injections. The availability of epinephrine nasal spray may reduce barriers to rapid treatment of anaphylaxis." This bill authorizes, but does not require LEAs to stock an alternative form of epinephrine to meet the needs of individuals on the schoolsite, including those participating in a contracted program.

Serving younger children requires consideration of dosages required. The dosage of epinephrine to be administered is typically associated with the weight of the individual. The epinephrine auto-injectors generally include a junior dosage of .15 mg designed for children weighing between 22 to 44 pounds, and a full dosage of .3 mg for those weighing 55 pounds or more (Simons, 2002). At least one company produces a third dosage of 1. Mg for infants and toddlers.

This bill expands the responsibility of LEAs to provide epinephrine to those participating in a contracted program, including a childcare program. The bill also requires the LEA, in consultation with the physician authorizing the prescription of epinephrine to be stocked at the schoolsite, to consider the appropriate doses of available epinephrine delivery system for the ages and weights of individuals at the schoolsite, including the contracted programs. The bill also requires that the training provided to those volunteering to administer epinephrine include instruction on how to determine which epinephrine delivery system to use, with consideration of the age of the person suffering from an anaphylactic reaction as a guideline of equivalency for the person's weight determination.

Anaphylaxis is a potentially lethal allergic reaction. Anaphylaxis can happen within minutes when a person is stung by a bee, ingests food such as shellfish or nuts, or comes in contact with something as simple as latex. Reactions can be severe or even fatal without prompt use of epinephrine. According to the Mayo Clinic, anaphylaxis requires an injection of epinephrine and a follow-up trip to an emergency room. If untreated, anaphylaxis can be fatal.

Children sometimes do not exhibit overt and visible symptoms after ingesting an allergen, making early diagnosis difficult. Some children may not be able to communicate their symptoms clearly because of their age or developmental challenges. Complaints such as abdominal pain, itchiness, or other discomforts may be the first signs of an allergic reaction. Signs and symptoms can become evident within a few minutes or up to 1–2 hours after ingestion of the allergen, and rarely, several hours after ingestion. Symptoms of breathing difficulty, voice hoarseness, or faintness associated with a change in mood or alertness or rapid progression of symptoms that involve a combination of the skin, gastrointestinal tract, or cardiovascular symptoms signal a more severe allergic reaction (anaphylaxis) and require immediate attention. (CDC, 2013)

What is a food allergy? According to the CDC, a food allergy is defined as an adverse health effect arising from a specific immune response that occurs on exposure to a given food. The immune response can be severe and life-threatening. Although the immune system normally protects people from germs, in people with food allergies, the immune system mistakenly responds to food as if it were harmful. One way that the immune system causes food allergies is by making a protein antibody called immunoglobulin E (IgE) in response to the ingested food. The substance in foods that causes this reaction is called the food allergen. When exposed to the food allergen, the IgE antibodies alert cells to release powerful substances, such as histamine, that cause symptoms that can affect the respiratory system, gastrointestinal tract, skin, or cardiovascular system and lead to a life-threatening reaction called anaphylaxis.

Incidence of severe food allergy among children and youth. According to the Asthma and Allergy Foundation of America, approximately 5.6 million children, or 7.6%, have food allergies. In 2018, 4.8 million children under 18 years of age had food allergies over the previous 12 months. Milk is the most common allergen for children, followed by egg and peanut. (Gupta, 2018)

According to the CDC, food allergies among children increased by 50% between 1997 and 2011. Today, one in 13 children has food allergies, and nearly 40% of these children have already experienced a severe allergic reaction. Many of these reactions happen at school.

An international study of food allergies concluded that the best available evidence indicates that food allergy has increased in many Westernized countries. The authors note that of greatest concern is the apparent escalation in prevalence in older children and teenagers, a group in which the risk of death due to food anaphylaxis is highest. (Tang, 2016)

Arguments in support. The American Academy of Pediatrics California writes, “Given that many allergic reactions happen for the first time while a child is at school, it is critical that school personnel have immediate access to epinephrine in all its forms. SB 568 ensures that schools are not restricted to the use of auto-injectors, which may be expensive and subject to supply shortages. By broadening the requirement to "epinephrine delivery systems", this legislation enables schools to use more flexible, cost-effective options that can still be administered safely by trained staff.

Moreover, SB 568 aligns with efforts to ensure equitable access to emergency care for all students, regardless of socioeconomic status or prior medical diagnoses. Low-income communities often struggle to provide every student with an auto-injector, and this bill helps

close that gap by allowing for a range of delivery methods, such as pre-filled syringes, which are often more affordable.

California has been a leader in protecting student health, and SB 568 is a commonsense update that strengthens this commitment by addressing practical barriers to epinephrine access and use in schools. For these reasons, we respectfully urge your colleagues in the Legislature to support SB 568 and ensure its passage into law."

Recommended Committee Amendments. Staff recommends that the bill be amended as follows:

1) Clarify that the references to any program, operated by or under contract with an LEA, for the purposes of this section is a childcare program.

2) Define a childcare program, for these purposes, as a state or federally subsidized childcare program operated by, or under contract with the LEA, including but not limited to a California State Preschool Program (CSPP), Head Start program, or general childcare and development program, as specified.

3) Clarify the requirement that those designated to administer epinephrine be given the opportunity to volunteer, to be trained, and to be provided with indemnification applies to employees of childcare programs operated by or under contract with the LEA.

Related legislation. AB 228 (Sanchez) of the 2025-26 Session, replaces all references in the Education Code to "emergency epinephrine auto-injectors" with reference, instead, to FDA-approved "emergency epinephrine delivery systems." The bill takes effect immediately as an urgency statute. The bill was held in the Assembly Appropriations Committee.

AB 2714 (Wallis) of the 2023-24 Session would have replaced references to "emergency epinephrine auto-injectors" with "emergency epinephrine delivery systems." This bill was held in the Assembly Appropriations Committee.

AB 1651 (Sanchez) Chapter 588, Statutes of 2023, extends the definition of "volunteer" and "trained personnel" to include the holder of an Activity Supervisor Clearance Certificate (ASCC) who may administer an emergency epinephrine auto-injector, as specified, and requires a local educational agency (LEA), COE, and charter schools to store epinephrine auto-injectors in an accessible location upon the need for emergency use.

AB 2640 (Valladares) Chapter 794, Statutes of 2022, requires the CDE to create the "California Food Allergy Resource Guide" for voluntary use by LEAs to protect pupils with food allergies.

AB 2042 (Villapudua) of the 2021-22 Session would have required the Department of Social Services (DSS), by July 1, 2023, to establish an anaphylactic policy, including guidelines and procedures to be followed by child daycare personnel to prevent a child from suffering from anaphylaxis and to be used during a medical emergency resulting from anaphylaxis; also required the DSS to create informational materials on the anaphylactic policy by September 1, 2023 and distribute the materials to child daycare facilities and to post them on the DSS website. This bill was vetoed by the Governor with the following message:

> It is important for all children in a child care setting to be cared for by staff who are trained to assist with their unique needs, including being able to recognize and respond to symptoms of anaphylaxis. While I appreciate the author's attention to this important matter, the bill before me creates a number of implementation concerns, including establishing multiple processes and expanding the memorandum of understanding (MOU) between the State and the CCPU.
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> I encourage the Legislature to work with the DSS and the Emergency Medical Services Authority, who have the expertise to develop health and safety standards, on a workable alternative that is uniform and addresses these issues.

AB 3342 (Bauer-Kahan) of the 2019-20 Session would have required the DSS to authorize child daycare facilities to keep emergency epinephrine auto-injectors onsite to be administered by trained, volunteer personnel to provide emergency medical aid to a person who is suffering, or reasonably believed to be suffering, from an anaphylactic reaction; would also have required the DSS to develop a training program for the participating personnel, which would include components, including, but not limited to, techniques for recognizing symptoms of anaphylaxis and emergency follow-up procedures. This bill was held in the Assembly Human Services Committee.

AB 1386 (Low) Chapter 374, Statutes of 2016, permits a pharmacy to furnish epinephrine auto-injectors to an authorized entity if they are furnished exclusively for use at or in connection with an authorized entity; an authorized health care provider provides a prescription; and the records are maintained by the authorized entity for three years. Requires the authorized entity to create and maintain an operations plan related to its use; and contains specified immunity provisions.

SB 738 (Huff) Chapter 132, Statutes of 2015, provides qualified immunity to a physician who issues a prescription for an epinephrine auto-injector to a school district, COE, or charter school.

SB 1266 (Huff) Chapter 321, Statutes of 2014, requires school districts, COEs, and charter schools to provide emergency epinephrine auto-injectors to school nurses or trained personnel who have volunteered, as specified. Authorizes school nurses or trained personnel to use the epinephrine auto-injectors to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an anaphylactic reaction.

REGISTERED SUPPORT / OPPOSITION:

Support

Alameda County School Nurse Network
American Academy of Pediatrics, California
American College of Allergy, Asthma and Immunology
Association of Regional Center Agencies
Asthma and Allergy Foundation of America
California Academy of Physician Assistants
California School Nurses Organization
California Society for Allergy, Asthma and Immunology
California State PTA
California State University, East Bay Department of Nursing
Elijah-Alavi Foundation

Food Allergy and Anaphylaxis Connection Team
Food Allergy Nurses Association
Natalie Giorgi Sunshine Foundation
National Association of Pediatric Nurse Practitioners
San Francisco State University

Opposition

None on file

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