

Date of Hearing: August 20, 2025

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

SB 568 (Niello) – As Amended July 17, 2025

Policy Committee: Education

Vote: 8 - 0

Urgency: No

State Mandated Local Program: Yes

Reimbursable: Yes

SUMMARY:

This bill replaces all references in the Education Code to “emergency epinephrine auto-injectors” with reference, instead, to “emergency epinephrine delivery systems,” and requires each schoolsite of a local educational agency (LEA) to provide emergency epinephrine delivery systems.

In addition, this bill clarifies the associated responsibilities of an LEA with regard to emergency epinephrine delivery systems and expands the responsibilities to any childcare program operated by or under contract with the LEA.

FISCAL EFFECT:

- 1) One-time Proposition 98 General Fund costs of an unknown but potentially significant amount, possibly in the hundreds of thousands of dollars, for LEAs to stock emergency epinephrine delivery systems at each schoolsite. If each of the state’s approximately 10,000 schools now purchase one system, which may cost \$50 per unit, then statewide costs would be \$500,000. However, many programs exist that provide epinephrine delivery systems to schools at no cost and many LEAs already stock them at each schoolsite as a best practice. Therefore, actual costs to LEAs statewide may be significantly lower.
- 2) Minor and absorbable costs for the California Department of Education to revise their existing periodic training review to include emergency epinephrine delivery systems beyond auto-injectors.

If the Commission on State Mandates determines the bill’s requirements to be a reimbursable state mandate, the state would need to reimburse these costs to LEAs or provide funding through the K-12 Mandate Block Grant.

COMMENTS:

- 1) **Purpose.** 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.

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.

- 2) **Background.** Emergency epinephrine auto-injectors, commonly known as EpiPens, contain medication to be used in emergencies to treat very serious allergic reactions. Current law requires every LEA to provide emergency epinephrine auto-injectors, to be stored in an accessible location, upon need for emergency use by school nurses or other trained personal. The law also requires CDE to review, at least every five years, minimum standards of training for the administration of standards on emergency epinephrine auto-injectors. Before 2024, there were no FDA-approved needle-free alternatives. However, the FDA recently approved nasal spray as a treatment for anaphylactic shock, following a study, published in 2024, that determined nasal spray to be an effective treatment for anaphylactic symptoms in adults and children weighing at least 66 pounds.

Current law requires an LEA to provide emergency epinephrine auto-injectors stored in an accessible location upon need for emergency use, to school nurses or trained personnel and volunteers. This bill authorizes the use of emergency epinephrine delivery systems other than solely auto-injectors and requires every schoolsite within an LEA, including childcare program operated by or under contract with an LEA, to stock a delivery system. The bill also authorizes an employee of such a childcare program, if properly trained, to provide emergency medical aid via an epinephrine delivery system.

- 3) **Related Legislation.** AB 228 (Sanchez), of the current legislative session, was substantially similar to this bill but did not include provisions relating to LEA childcare programs. The bill was held in this committee on the suspense file.

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