

## SENATE THIRD READING

SB 568 (Niello)

As Amended July 17, 2025

Majority vote

**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.

**Major Provisions**

- 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 state or federally subsidized childcare 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 childcare 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) 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, or a childcare program, including, but not limited to, general childcare and development programs.
- 9) Amends the definition of volunteer or trained personnel, authorized to administer epinephrine under specified conditions, to include employees of a childcare program who have

volunteered, received training, and are subject to liability limitations pursuant to Section 1596.7985 of the Health and Safety Code, as specified.

10) Makes technical and conforming changes.

## COMMENTS

*This bill* would authorize schools and specified child care programs 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.

*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.

*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)

### **According to the Author**

"In 2014, the Legislature passed on a bi-partisan basis SB 1266 (Huff) [Chapter 321, Statutes of 2014] 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 six million of these people are children under the age of 18, that is one in every 13 children, or two 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."

### **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."

### **Arguments in Opposition**

None on file

## **FISCAL COMMENTS**

According to the Assembly Appropriations Committee:

- 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.

## VOTES

### SENATE FLOOR: 38-0-2

**YES:** Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener

**ABS, ABST OR NV:** Limón, Reyes

### ASM EDUCATION: 8-0-1

**YES:** Muratsuchi, Hoover, Addis, Alvarez, Castillo, Garcia, Lowenthal, Patel

**ABS, ABST OR NV:** Bonta

### ASM APPROPRIATIONS: 15-0-0

**YES:** Wicks, Sanchez, Arambula, Calderon, Caloza, Dixon, Elhawary, Fong, Mark González, Ahrens, Pacheco, Pellerin, Solache, Ta, Tangipa

## UPDATED

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