
UNFINISHED BUSINESS

Bill No: SB 568
Author: Niello (R)
Amended: 9/4/25 in Assembly
Vote: 21

SENATE EDUCATION COMMITTEE: 7-0, 4/9/25
AYES: Pérez, Ochoa Bogh, Cabaldon, Choi, Cortese, Gonzalez, Laird

SENATE APPROPRIATIONS COMMITTEE: 6-0, 5/23/25
AYES: Caballero, Seyarto, Cabaldon, Grayson, Richardson, Wahab
NO VOTE RECORDED: Dahle

SENATE FLOOR: 38-0, 5/29/25
AYES: 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
NO VOTE RECORDED: Limón, Reyes

ASSEMBLY FLOOR: 76-1, 9/8/25 - See last page for vote

SUBJECT: Pupil health: epinephrine delivery systems: schoolsites and childcare programs

SOURCE: Author

DIGEST: This bill (1) updates terminology from “epinephrine auto-injectors” to “epinephrine delivery systems” relative to the authority for a pharmacy to furnish epinephrine to local educational agencies (LEAs), the requirement that LEAs provide emergency epinephrine to school nurses or trained personnel, and the authority for school nurses or trained personnel to use epinephrine to provide emergency medical aid to a person suffering from an anaphylactic reaction; (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.

Assembly Amendments of 9/4/25 (1) specifically include programs operated by or under contract with LEAs in existing provisions; (2) expand existing provisions to also apply to state or federally subsidized child care programs operated by or under contract with LEAs; (3) changes references from “school districts, county offices of education, and charter schools” to instead reference “local educational agencies.”

ANALYSIS:

Existing law:

- 1) Requires school districts, county offices of education, and charter schools to provide emergency epinephrine auto-injectors, to be stored in an accessible location upon need for emergency use, to school nurses or trained personnel who have volunteered, to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an anaphylactic reaction. (Education Code (EC) § 49414)
- 2) Authorizes school nurses or trained personnel to use epinephrine auto-injectors to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an anaphylactic reaction. (EC § 49414)
- 3) Authorizes each private elementary and secondary school in the state to voluntarily determine whether or not to make emergency epinephrine auto-injectors and trained personnel available at its school. 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 epinephrine auto-injectors and trained personnel. A private elementary or secondary school choosing to exercise the authority provided under this subdivision shall not receive state funds specifically for purposes of this subdivision. (EC § 49414)
- 4) Defines “epinephrine auto-injector” as a disposable delivery device designed for the automatic injection of a pre-measured dose of epinephrine into the human body to prevent or treat a life-threatening allergic reaction. (EC § 49414)

- 5) Authorizes a pharmacy to furnish epinephrine auto-injectors to a school district, county office of education, or charter school if all of the following are met:
 - a) The epinephrine auto-injectors are furnished exclusively for use at a school district site, county office of education, or charter school.
 - b) A physician and surgeon provides a written order that specifies the quantity of epinephrine auto-injectors to be furnished. (Business and Professions Code (BPC) § 4119.2)
- 6) Requires school districts, county offices of education, or charter schools to maintain records regarding the acquisition and disposition of epinephrine auto-injectors furnished by a pharmacy, for a period of three years from the date the records were created. The school district, county office of education, or charter school shall be responsible for monitoring the supply of epinephrine auto-injectors and ensuring the destruction of expired epinephrine auto-injectors. (BPC § 4119.2)

This bill:

- 1) Updates terminology from “epinephrine auto-injectors” to “epinephrine delivery systems” relative to the authority for a pharmacy to furnish epinephrine to LEAs, the requirement that LEAs provide emergency epinephrine to school nurses or trained personnel, and the authority for school nurses or trained personnel to use epinephrine to provide emergency medical aid to a person suffering from an anaphylactic reaction.
- 2) Updates terminology from “auto-injectable epinephrine” to “epinephrine delivery systems” relative to the authority for a student to be assisted by the school nurse or other designated school personnel, or to carry and self-administer prescription epinephrine.
- 3) Clarifies that the requirement to provide emergency epinephrine delivery systems, and the associated responsibilities, applies to each schoolsite of an LEA, including any program operated by or under contract with an LEA, and expands the responsibilities to any state or federally subsidized childcare program operated by or under contract with the LEA.
- 4) Clarifies and simplifies existing references to dosage, by striking language relating to “regular” and “junior” epinephrine auto-injectors and instead

reference consideration of the ages and weights of individuals at the public school.

- 5) 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 existing law.
- 6) Changes references from “school district site, county office of education, or charter school” to “local educational agency.”

Comments

Need for this 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. This clarity is needed for schools to ensure they do not have any exposed liability for their preschool students.”

Auto-injector vs delivery system. On August 9, 2024, the United States 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.” As a result, it is necessary to broaden references in statute to enable the use of epinephrine nasal sprays in schools.

Related/Prior Legislation

AB 228 (Sanchez, 2025), an urgency measure, replaces references to “emergency epinephrine auto-injectors” to “emergency epinephrine delivery systems,” and modifies the requirement that LEAs provide emergency epinephrine auto-injectors to instead reference at least one type of FDA-approved emergency epinephrine delivery system. AB 228 was held in the Assembly Appropriations Committee.

AB 2714 (Wallis, 2024) was substantially similar to this bill. AB 2714 was held in the Assembly Appropriations Committee.

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

According to the Assembly Appropriations Committee, this bill would impose the following costs:

- 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.

SUPPORT: (Verified 9/8/25)

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 Association of School Police Chiefs
 California Coalition of School Safety Professionals
 California School Nurses Organization
 California Society for Allergy, Asthma and Immunology
 California State University, East Bay Department of Nursing
 CleanEarth4Kids.org
 Elijah-Alavi Foundation
 Food Allergy & Anaphylaxis Connection Team
 Food Allergy Nurses Association
 Los Angeles School Police Management Association
 Los Angeles School Police Officers Association
 Natalie Giorgi Sunshine Foundation
 National Association of Pediatric Nurse Practitioners
 Riverside Police Officers Association
 Riverside Sheriffs' Association
 San Francisco State University

OPPOSITION: (Verified 9/8/25)

None received

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Johnson, Kalra, Krell, Lackey, Lowenthal, Macedo, McKinnor, Muratsuchi, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo,

Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis,
Ward, Wicks, Wilson, Zbur, Rivas

NOES: Ávila Farías

NO VOTE RECORDED: Bonta, Lee, Nguyen

Prepared by: Lynn Lorber / ED. / (916) 651-4105

9/8/25 19:42:28

**** **END** ****