Date of Hearing: June 17, 2026

ASSEMBLY COMMITTEE ON EDUCATION
Darshana R. Patel, Chair
SB 608 (Menjivar) – As Amended March 24, 2025

[This bill was double referred to the Committee on Health and may be heard by that Committee on issues in its jurisdiction.]

SENATE VOTE: 29-9

SUBJECT: Sexual health

SUMMARY: Prohibits public schools serving students in any of grades 7 to 12 from preventing a school-based health center from making condoms available and easily accessible to students; requires these public schools to allow condoms to be made available during specified educational or public health programs, requires the California Department of Education (CDE) to monitor compliance with these provisions as part of its annual compliance monitoring process, and prohibits retail establishments from refusing to provide nonprescription contraception to a person solely on the basis of age. Specifically, **this bill**:

1) Prohibits public schools serving students in any of grades 7 to 12 from preventing a school-based health center making internal and external condoms available and easily accessible to students at the school-based health center site.

2) Requires public schools serving students in any of grades 7 to 12 to allow condoms to be made available during the course of, or in connection with, educational or public health programs and initiatives, including but not limited to, condoms provided by any of the following:

    a) Community organizations or other entities providing instruction for the California Healthy Youth Act;

    b) Student peer health programs, clubs, or groups;

    c) Student health fairs conducted on campus; and

    d) School-based health center staff.

3) Requires the CDE to monitor compliance with these requirements as part of its annual compliance monitoring of state and federal programs.

4) Prohibits a retail establishment from refusing to furnish nonprescription contraception to a person solely on the basis of age, including but not limited to requiring the customer to present identification to demonstrate their age.

5) Specifies that, if under subsequent provisions of federal law, a nonprescription contraception becomes subject to restrictions based on age, (4) above does not apply to the refusal to furnish that contraception on the basis of age.

6) Defines the following terms for these purposes:

   a) "Public school" as a school operated by a school district, county office of education (COE), or a charter school;

   b) "School-based health center" as a center or program located at or near a public school that provides age-appropriate health care services at the program site or through referrals; and may include a center or program that serves two or more nonadjacent schools or local educational agencies (LEAs).

   c) "Retail establishment" as any vendor that, in the regular course of business, furnishes nonprescription contraception at retail directly to the public, including, but not limited to, a pharmacy, grocery store, or other retail store.

EXISTING LAW:

1) Establishes the California Healthy Youth Act to provide pupils with the knowledge and skills necessary to protect their sexual and reproductive health from HIV and other sexually transmitted infections and from unintended pregnancy, and, among other things, to ensure that pupils receive integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention instruction, and provide educators with clear tools and guidance to accomplish that objective. (Education Code (EC) 51930)

2) Requires each school district to ensure that all students in grades 7 to 12 receive comprehensive sexual health education and HIV prevention at least once in junior high or middle school and once in high school. Requires this instruction to include information about the value of delaying sexual activity while also providing medically accurate information on other methods of preventing HIV and other sexually transmitted infections and pregnancy, as well as information about the effectiveness and safety of all Food and Drug Administration (FDA)-approved contraceptive methods in preventing pregnancy, including, but not limited to, emergency contraception. (EC 51934)

3) Authorizes an LEA to contract with outside consultants or guest speakers, including those who have developed multilingual curricula or curricula accessible to persons with disabilities, to deliver comprehensive sexual health education and HIV prevention education or to provide training for school district personnel. All outside consultants and guest speakers must have expertise in comprehensive sexual health education and HIV prevention education and have knowledge of the most recent medically accurate research on the relevant topic or topics covered in their instruction. (EC 51936)

4) Requires school districts, at the beginning of each school year, or upon a student's enrollment, to provide parents and guardians with a notice:

   a) About instruction in comprehensive sexual health education and HIV prevention education, and research on pupil health behaviors and risks planned for the coming year;

   b) Advising the parent or guardian that the educational materials used in sexual health education are available for inspection;

c) Advising the parent or guardian whether the comprehensive sexual health education or HIV prevention education will be taught by school district personnel or by outside consultants; and

d) Advising the parent or guardian that the parent or guardian has the right to excuse their child from comprehensive sexual health education and HIV prevention education and that in order to excuse their child they must state their request in writing to the school district. (EC 51938)

5) Establishes the Office of School-Based Health at the CDE and includes in its responsibilities, among other things, providing technical assistance to LEAs on matters such as expanding services, simplifying the administration of school-based health programs, and increasing LEA participation in, and maximizing allowable federal financial participation in, the school-based health programs. (EC 49419)

FISCAL EFFECT: According to the Senate Appropriations Committee:

1) The bill's provisions could result in additional, unknown costs for local school districts to comply. These activities include the updating of policies and issuance of guidance regarding the availability of and how to access condoms on school campuses. Additionally, there could be one-time cost pressures for school districts to buy and install tamper-proof dispensers. It is unclear whether the Commission on State Mandates would deem these activities to be reimbursable.

2) The CDE indicates that any costs to monitor school compliance with the California Healthy Youth Act would be minor and absorbable within existing resources.

COMMENTS:

Need for the bill. According to the author, "Young people should have greater access to medically accurate, unbiased sex education, and readily available health resources to protect their safety and wellbeing. SB 608 aims to address that lack of access by increasing equitable access to condoms and a comprehensive, inclusive, and age-appropriate sexual health education for California youth. When some high schools and retailers are enacting dangerous policies that deny young people the ability to protect themselves, we contribute to the current sexually transmitted infection (STI) epidemic hitting us in California. Investing in prevention is a fraction of the cost compared to the millions California spends on the treatment of STIs every year."

This bill is the third version of the author's efforts to expand access to contraceptives for California students following SB 541 (Menjivar) and SB 954 (Menjivar), both of the 2023-24 Session. The difference with this bill is the removal of a requirement for schools serving students grades 9 to 12 to make condoms available free of charge, as well as the requirement that notices and additional information about proper condom use be made available to students. The Budget Act of 2024 included a one-time allocation of $5 million to support the implementation of SB 954. Despite this allocation, SB 954 was vetoed by Governor Newsom, citing concerns about ongoing cost pressures that were not accounted for in the budget.

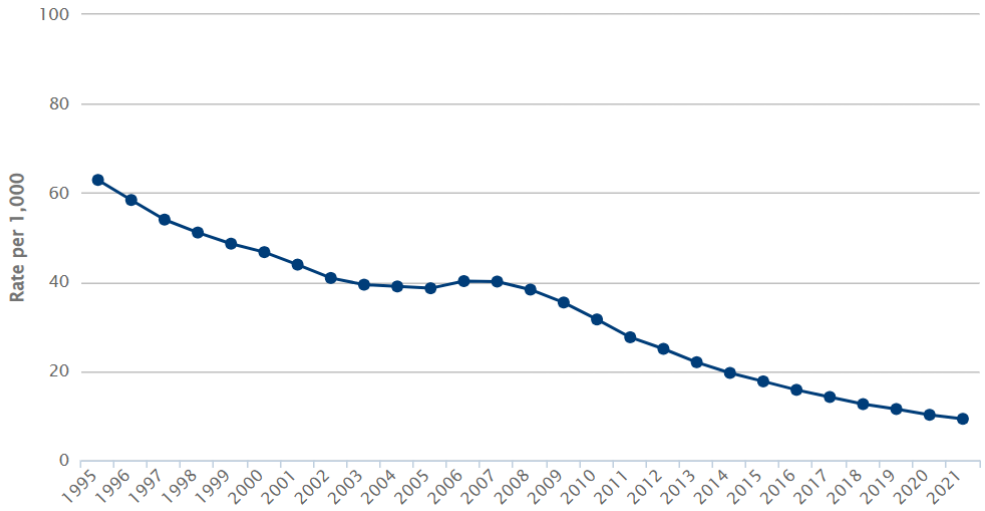
California Healthy Youth Act. Since 2016, AB 329 (Weber), Chapter 398, Statutes of 2015, required school districts, COEs, and the state special schools to provide comprehensive sexual

health education and HIV prevention education to all students at least once in middle school and at least once in high school. Parents are afforded the right to opt their child out of a portion, or all, of the instruction and schools are required to notify parents and guardians of this right.

Sexual health of teens. Sexual health is a critical component of overall teen health. While sexuality is a normal part of adolescent development, sexual activity can have serious consequences, including STIs and unintended pregnancy. According to the California Department of Public Health (CDPH), in 2023, 297,940 Californians contracted syphilis, chlamydia, or gonorrhea, and over one-half of all STIs in the state can be attributed to Californians between 15 and 24 years. California youth, and in particular youth of color, are disproportionately affected by the STI crisis.

The Youth Risk Behavior Survey found that in 2023, an average of 21% of California's high school students reported being sexually active and 52% of those students did not use condoms during their last sexual encounter.

Rates of teenage pregnancy have declined significantly over time. The number of births per 1,000 women ages 15-19 in California was 9.3 in 2021, down from 62.9 in 1995, as shown below:



Source: Kidsdata.org

Despite the relatively low birth rates among teens overall, disparities exist along race/ethnicity lines, as Hispanic, African American, and American Indian/Alaska Native youth experience births at much higher rates than their White or Asian peers.

Research notes that adolescent births are associated with serious challenges and negative outcomes for parents, their children, and society overall. Teen mothers are more likely than mothers in their 20s and early 30s to have premature births, infants with low birthweight, and babies who die in infancy. Children of teens are also at increased risk for physical, behavioral, cognitive, and academic challenges later in life. Children born to teens are more likely to drop out of high school, enter the criminal justice system in adolescence, become teen parents themselves, and experience unemployment in adulthood, compared with children born to older mothers. (KidsData.org)

Access to condoms by adolescents. The external condom remains the most popular contraceptive method among adolescents. Data from the Centers for Disease Control and Prevention (CDC) 2017 Youth Risk Behavior Surveillance reported that while overall sexual activity decreased among high school students, barrier method use (referred to as condom use) also declined among sexually active adolescents. Among sexually active high school students, 54% reported condom use during their last sexual encounter, a decline from 62% in 2007. Among 12th-grade students, 57% reported ever being sexually active, but they had the lowest use of condoms among all grades. (Grubb, 2020)

In a survey of California youth in January 2024, 68% of teens indicated that they do not have access to condoms in schools. (Teen Source, 2024) In 2017, the Society for Adolescent Health and Medicine published a position statement, "Condom Availability in Schools: A Practical Approach to the Prevention of Sexually Transmitted Infection/HIV and Unintended Pregnancy," recommending increased barrier method availability at schools. Studies have found that school condom programs do not increase sexual activity, the number of sexual partners, or risky behaviors. (Grubb, 2020)

According to the California School-Based Health Alliance:

> Essential Access Health has launched the state-funded Condom Availability Program (CAP) to provide free access to condoms and sexual health resources in California public and charter high schools, including school-based health centers. Prioritizing communities most impacted by STIs, CAP aims to reach 300 schools and address the disproportionate impact on youth ages 15–24, who account for nearly half of new STI cases nationwide. Free safer sex kits include external and internal condoms, lubricant, and educational materials to support informed decision-making. Funded by the California Department of Public Health, Office of AIDS.

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

1) Replace references to "public schools" with "local educational agencies"

2) Define "local educational agencies" as school districts, county offices of education, and charter schools.

Arguments in support. The California Primary Care Association Advocates write, "SB 608 seeks to address the STI epidemic among California youth and improve public health outcomes by expanding access to condoms in schools and communities. The CDC estimates that one in five people in the United States have an STI. Data shows that over one-half of all STIs in the state can be attributed to Californians between 15 and 24 years of age. Most STIs go undetected and can lead to serious, life-threatening health problems later in life, including permanent tissue damage, blindness, infertility, and cancer related to human papillomavirus infections.

Condoms are an effective tool to reduce STI transmission, but condom use among sexually active young people has declined due to access barriers particularly cost. Youth with low incomes are often left without the option to regularly use condoms to help protect their health and prevent an unintended pregnancy from occurring. A CDC study from 2023 shows that an

average of 21% of California high school pupils were sexually active and 52% of those pupils did not use condoms during their last sexual intercourse."

Arguments in opposition. The California Family Council writes, "California law already provides parents a limited opt-out from sex education instruction, but SB 608 creates a parallel distribution channel for contraceptives that operates entirely outside that framework. A student in seventh grade could obtain condoms at school with no parental notification whatsoever. This is not a minor procedural gap. Parents are constitutionally recognized as the primary decision-makers for their children's health and moral formation. Courts have long affirmed this authority, and legislation that systematically routes around it deserves serious scrutiny.

The Centers for Disease Control and Prevention's Youth Risk Behavior Survey consistently demonstrates that earlier sexual initiation correlates with higher numbers of sexual partners and elevated risk behaviors. Adolescents who delay sexual activity tend to experience measurably better long-term health and social outcomes. SB 608 moves in the opposite direction by normalizing and facilitating early sexual activity.

SB 608 proceeds as though condom access is equivalent to disease prevention. The CDC's own data contradicts that assumption. While condoms can reduce the risk of certain sexually transmitted infections, they do not eliminate that risk. According to the CDC, condoms are less effective at preventing infections transmitted through skin-to-skin contact, including human papillomavirus (HPV), herpes simplex virus, and syphilis—all of which remain significant public health concerns in California. The CDPH makes it clear, California is currently experiencing epidemic levels of syphilis. Distributing condoms to minors through public schools without clearly communicating these limitations creates a false sense of security and may actually worsen STD transmission rates statewide."

Related legislation. SB 954 (Menjivar) of the 2023-24 Session, would have required all public high schools to make condoms available to students by the start of the 2025-26 school year, and to provide information to students on the availability of condoms as well as other sexual health information, upon appropriation; prohibited public schools from preventing a school-based health center from making condoms available and easily accessible to students; and prohibited retail establishments from refusing to provide nonprescription contraception to a person solely on the basis of age. It was vetoed by the Governor with the following message:

> This bill, on or before the start of the 2025-26 school year and contingent upon an appropriation, requires public schools to make condoms available for free to all students in grades 9 through 12, place condoms in a minimum of two locations on school grounds, and provide specified sexual health notices, and requires that one employee at each school site be designated to implement the provisions of the bill.
>
> I thank the author and sponsors for their commitment to the health and safety of California's youth. While this bill is contingent on an appropriation, it creates significant ongoing Proposition 98 General Fund cost pressures in the millions and these ongoing costs were not accounted for in the 2024 Budget Act. I vetoed a similar bill last year, conveying that the bill created an unfunded mandate that should be considered as part of the annual budget process. While the author successfully championed $5 million for a similarly aligned purpose in this year's budget, one-time funding does not adequately address the fiscal concerns associated with this bill.

> In partnership with the Legislature this year, my Administration has enacted a balanced budget that avoids deep program cuts to vital services and protected investments in education, health care, climate, public safety, housing, and social service programs that millions of Californians rely on. It is important to remain disciplined when considering bills with significant fiscal implications that are not included in the budget, such as this measure. For this reason, I cannot sign this bill.

SB 541 (Menjivar) of the 2023-24 Session would have required all public high schools to make condoms available to students by the start of the 2024-25 school year, and required schools to provide information to students on the availability of condoms, as well as other sexual health information. This bill would also have prohibited public schools from preventing distribution of condoms or preventing a school-based health center from making condoms available and easily accessible to students at the school-based health center site. This bill would also have prohibited retailers from restricting sales of nonprescription contraception on the basis of age. This bill was vetoed by the Governor with the following message:

> While evidence-based strategies, like increasing access to condoms, are important to supporting improved adolescent sexual health, this bill would create an unfunded mandate to public schools that should be considered in the annual budget process.
>
> In partnership with the Legislature, we enacted a budget that closed a shortfall of more than $30 billion through balanced solutions that avoided deep program cuts and protected education, health care, climate, public safety, and social service programs that are relied on by millions of Californians. This year, however, the Legislature sent me bills outside of this budget process that, if all enacted, would add nearly $19 billion of unaccounted costs in the budget, of which $11 billion would be ongoing.
>
> With our state facing continuing economic risk and revenue uncertainty, it is important to remain disciplined when considering bills with significant fiscal implications, such as this measure. For this reason, I cannot sign this bill.

AB 2482 (Calderon), Chapter 933, Statutes of 2022, establishes the Wellness Vending Machine Pilot Program, until July 1, 2029, that requires the California State University and the California Community Colleges to establish at five campuses of their respective segments at least one vending machine that dispenses wellness products, including condoms. Additionally, this bill requests that the University of California establish at any number of its campuses at least one vending machine that dispenses wellness products.

AB 2312 (Lee) of the 2021-22 Session would have prohibited a retail establishment from refusing to furnish nonprescription contraception solely on the basis of age and would have required a $25,000 penalty for the retail establishment for each violation. This bill was held in the Assembly Health Committee.

AB 329 (Weber), Chapter 398, Statutes of 2015, made instruction in sexual health education mandatory, revises HIV prevention education content, expands topics covered in sexual health education, requires this instruction to be inclusive of different sexual orientations, and clarifies parental consent policy.

REGISTERED SUPPORT / OPPOSITION:

Support

Access Reproductive Justice
ACLU California Action.
Aids Healthcare Foundation
Alameda County Office of Education
American Academy of Pediatrics, California
Apla Health
Asian Americans Advancing Justice-southern California
Beyond Aids Foundation
Black Women for Wellness Action Project
Buen Vecino
California Academy of Preventive Medicine
California Coalition for Youth
California Latinas for Reproductive Justice
California LGBTQ Health and Human Services Network
California Medical Association
California Nurse Midwives Association
California Primary Care Association
California School-based Health Alliance.
California Teachers Association
California Women's Law Center
Central Coast Coalition for Inclusive Schools
CFT – a Union of Educators & Classified Professionals, AFT
Children Now
Community Clinic Association of Los Angeles County
Courage California
Equality California
Essential Access Health
Gender Affirming Professionals
Generation Up
Glide
Indivisible Ca: Statestrong
John Burton Advocates for Youth
Latino Coalition for a Healthy California
Mj4health.com
National Center for Youth Law
National Health Law Program
Placer LGBTQ+ Center
Planned Parenthood Affiliates of California
Public School Defenders Hub
Reproductive Freedom for All California
San Francisco Aids Foundation
South Asian Network
The Los Angeles Trust for Children’s Health
Voters of Tomorrow
Women's Foundation California

Youth Alliance

Opposition

California Family Council
Lighthouse Baptist Church
Protection of the Educational Rights of Kids
Real Impact

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