

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
SB 608 (Menjivar) – As Amended June 22, 2026

SENATE VOTE: 29-9

SUBJECT: Sexual health.

SUMMARY: Prohibits a local educational agency (LEA), as defined, that serves pupils in any of grades 7 to 12, inclusive, from prohibiting school-based health centers from making internal and external condoms available and easily accessible to pupils at the school-based health center site. Requires a school of an LEA to allow condoms to be made available during the course of, or in connection with, educational or public health programs and initiatives. Prohibits a retail establishment from furnishing nonprescription contraception to a person solely on the basis of age.

School-Based Health Centers

- 1) Prohibits an LEA from prohibiting a school-based health center that serves a school of the local education agency from making internal and external condoms available and easily accessible to pupils in grades 7 to 12, inclusive, at the school-based health center site.
- 2) Requires an LEA to allow condoms to be made available to pupils in grades 7 to 12, inclusive 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 purposes of the California Healthy Youth Act;
 - b) Pupil peer health programs, clubs, or groups;
 - c) Pupil health fairs conducted on campus; and,
 - d) School-based health center staff.
- 3) Requires the State Department of Education (CDE) to monitor compliance with 1) and 2) of this bill above as part of its annual compliance monitoring of state and federal programs.

Nonprescription Contraception

- 4) Prohibits a retail establishment from refusing to furnish nonprescription contraception to a person solely on the basis of age by means of any conduct, including, but not limited to, requiring the customer to present identification for purposes of demonstrating their age.
- 5) Exempts 4) above from the penalties of the Sherman Food, Drug and Cosmetic Law (Sherman Law).

- 6) Prohibits 4) from applying to the refusal to furnish that contraception on the basis of age if, under subsequent provisions of federal law, a nonprescription contraception becomes subject to restrictions on the basis of age.

Definitions

- 7) Defines the following:
 - a) “Retail establishment” to mean 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.
 - b) “LEA” to mean a school district, county office of education, or charter school.
 - c) “School-based health center” means a center or program, located at or near a school of an LEA that provides age-appropriate health care services at the program site or through referrals. Includes within this definition center or program that may conduct routine physical, mental health, and oral health assessments, and provide referrals for any services not offered onsite and a center or program that may serve two or more nonadjacent schools or local educational agencies.

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 human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs) 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) Defines “comprehensive sexual health education” to mean education regarding human development and sexuality, including education on menstrual health, pregnancy, contraception, and STIs. [EC § 51931]
- 3) Defines “HIV prevention education” to mean instruction on the nature of HIV and acquired immunodeficiency syndrome (AIDS), methods of transmission, strategies to reduce the risk of HIV infection, and social and public health issues related to HIV and AIDS. [*Ibid.*]
- 4) 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]
- 5) 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]

- 6) 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]
- 7) Establishes the Office of School-Based Health at 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]
- 8) Enacts the Sherman Law, which provides broad authority for the State Department of Public Health (DPH) to enforce requirements related to food, cosmetics, drugs, and home medical devices. [Health and Safety Code (HSC) § 109875, *et seq.*]
- 9) Makes persons who violates the Sherman Law, if convicted, subject to imprisonment for not more than one year in a county jail or a fine of not more than one thousand dollars (\$1,000), or both the imprisonment and fine. [HSC § 111825]

FISCAL EFFECT: According to the Senate Appropriations Committee, this bill 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. CDE indicates that any costs to monitor school compliance with the California Healthy Youth Act would be minor and absorbable within existing resources.

COMMENTS:

- 1) **PURPOSE OF THIS 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. The author states that this bill 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. The author contends that some high schools and retailers are enacting dangerous policies that deny young people the ability to protect themselves, contributing to the current STI epidemic hitting us in California. The author concludes that investing in prevention is a fraction of the cost compared to the millions California spends on the treatment of STIs every year.

2) BACKGROUND.

- a) **Sexual Health of Young People in California.** Sexual health is influenced by complex factors including biology, socioeconomics, community environments, relationships with family and peers, media, and access to health care and education.

According to a publication on DPH's website titled "*Sexually Transmitted Infections in California, 2022 Executive Summary*," in 2022, chlamydia, total syphilis, and congenital syphilis (CS) continued to increase while gonorrhea morbidity decreased in the state compared to 2021. Young people (15-24) are disproportionately impacted by sexually transmitted infections. If untreated, chlamydia and gonorrhea can lead to chronic pain, pelvic inflammatory disease, infertility, and adverse reproductive outcomes.

- b) **Sexual Health Education in California.** AB 329 (Weber), Chapter 398, Statutes of 2015, requires school districts, county offices of education, and the state special schools 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. Existing law 2) and 3) above defines comprehensive sexual health education as "education regarding human development and sexuality, including education on pregnancy, contraception, and STIs" and HIV prevention education as "instruction on the nature of HIV and AIDS, methods of transmission, strategies to reduce the risk of HIV infection, and social and public health issues related to HIV and AIDS." 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.
- c) **Condom Use and Access.** Condoms are an effective method to prevent STIs, HIV, and pregnancy. According to the Centers for Disease Control and Prevention (CDC), condom use among sexually active high school students decreased from 60% in 2011 to 52% in 2021.
- d) **Barriers to Condom Access.** According to information provided by Essential Access Health, one of the co-sponsors of this bill, a survey conducted by TeenSource among California teens from December 2023-January 2024 found that 68% of teens indicated they do not have access to condoms in schools and 98% of respondents agreed that more sexually active teens would use condoms if they were easier to obtain. Approximately 92% of youth said schools should make condoms available.

Young people face multiple barriers to accessing condoms such as cost and lack of transportation to visit a store or health care provider to get condoms. According to information provided by the author and sponsors, young people have also reported being shamed, harassed, and discriminated against at some pharmacies and retailers while attempting to buy condoms, including being asked to show an I.D or denied service

because they appeared to be “too young” despite the fact that there are no age requirements for condom purchases.

- e) **School-based condom availability programs (CAPs).** CAPs have existed since the early 1990s in high schools as one strategy to prevent unplanned pregnancy and to reduce the transmission of STIs and HIV. These programs make condoms available to students in places like the school nurse office, school-based health centers, classrooms, and vending machines. In general, most programs provide condoms to students free of charge and are implemented simultaneously with other sexual health promotion strategies (e.g., sexual health education, or HIV/STI testing and referral to treatment). A systemic review of school-based condom availability programs published in *AIDS and Behavior* in 2018 found that students in schools with CAPs were more likely to have obtained condoms than students in schools without CAPs.
 - f) **Other forms of nonprescription contraception.** Beyond condoms, other forms of nonprescription contraception are available in retail settings. Opill is the first daily birth control pill available over-the-counter (OTC) without a prescription in the United States. Opill was FDA-approved for OTC use in July 2023 and made available in stores and online in March 2024. As adolescents and young adults may not be able to travel to a health care setting on their own or may not be able to afford the fee to see a clinician to discuss contraception, OTC to hormonal contraception has the potential to reduce barriers and increase hormonal contraceptive use for adolescents. When used correctly, Opill is 98% effective at preventing pregnancy. Other types of nonprescription contraception include spermicide and contraceptive sponges, which do not protect against STIs and have lesser degrees of effectiveness at preventing pregnancy.
 - g) **What does this bill do?** This bill prohibits an LEA that serves pupils in any of grades 7 to 12, inclusive, from prohibiting school-based health centers from making internal and external condoms available and easily accessible to pupils at the school-based health center-site. Further, this bill requires a school to allow condoms to be made available during the course of, or in connection with, educational or public health programs and initiatives. This bill includes a provision in the Sherman Law prohibiting retail establishments from refusing to provide nonprescription contraception to a person solely on the basis of age, including requiring the customer to present identification for purposes of demonstrating their age, unless under subsequent provisions of federal law nonprescription contraception becomes subject to restrictions on the basis of age. This bill exempts a violation of this prohibition from penalties for violating the Sherman Law.
- 3) **SUPPORT.** This bill is co-sponsored by Black Women for Wellness Action Project, California School-Based Health Alliance, Essential Access Health, Generation Up, and Voters of Tomorrow California are co-sponsors of this bill who state California youth, and in particular youth of color, are disproportionately affected by the STI crisis. The co-sponsors highlight that young people report experiencing difficulties while attempting to purchase condoms at some pharmacies and retailers, including being judged, shamed, or harassed, or being asked to show an identification card despite the fact that there are no age requirements for condom purchases. The co-sponsors note that through Essential Access Health’s TeenSource Condom Access Project, young people reported that cost is another obstacle to obtaining condoms. The co-sponsors argue that when cost barriers remain, 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. The co-sponsors note that condoms are an effective tool to reduce STI transmission, but condom use among sexually active young people has declined and the ongoing access barriers contribute to this decline. The co-sponsors conclude that California cannot afford inaction and conclude that this bill is a necessary, evidence-based solution to protect California youth and promote health equity.

- 4) OPPOSITION.** The California Family Council (CFC) opposes this bill stating, California law already provides parents a limited opt-out from sex education instruction, but this bill 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. Parents are constitutionally recognized as the primary decision-makers for their children's health and moral formation. CFC contends that adolescents who delay sexual activity tend to experience measurably better long-term health and social outcomes. CFC argues that this bill moves in the opposite direction by normalizing and facilitating early sexual activity. CFC asserts that this bill proceeds as though condom access is equivalent to disease prevention and states that while condoms can reduce the risk of certain sexually transmitted infections, they do not eliminate that risk. CFC declares that abstinence remains the only method that is 100% effective at preventing both pregnancy and sexually transmitted infections. CFC concludes that this bill's statewide retail provision removes one of the remaining safeguards governing minors' access to contraceptives outside the home by prohibiting retailers from exercising age-based discretion, eliminating an additional point of parental awareness.

5) PREVIOUS LEGISLATION.

- a)** SB 954 (Menjivar) of 2024 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. SB 954 was vetoed by Governor Newsom with the following message:

“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 SB 954.”

- b)** SB 541 (Menjivar) of 2023 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. SB 541 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.

SB 541 would also have prohibited retailers from restricting sales of nonprescription contraception on the basis of age. SB 541 was vetoed by Governor Newsom who stated in part:

“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. 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 SB 541.”

- c) 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, AB 2482 requests that the University of California establish at any number of its campuses at least one vending machine that dispenses wellness products, including condoms.
- d) AB 2312 (Lee) of 2022 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. AB 2312 was held in the Assembly Health Committee.
- e) AB 329 (Weber), Chapter 398, Statutes of 2015, makes 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

Black Women for Wellness Action Project (co-sponsor)
 California School-based Health Alliance (co-sponsor)
 Essential Access Health (co-sponsor)
 Generation Up (co-sponsor)
 Voters of Tomorrow (co-sponsor)
 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
 Buen Vecino
 California Coalition for Youth
 California Latinas for Reproductive Justice
 California LGBTQ Health and Human Services Network
 California Medical Association

California Nurse Midwives Association (CNMA)
California Primary Care Association
California School-based Health Alliance
California Women's Law Center
Central Coast Coalition for Inclusive Schools
CFT - a Union of Educators & Classified Professionals, AFT, AFL-CIO
Community Clinic Association of Los Angeles County (CCALAC)
County of Santa Clara
Courage California
CPCA Advocates, Subsidiary of the California Primary Care Association
Equality California
Gender Affirming Professionals
Glide
Health Connected
Healthright 360
If/when/how: Lawyering for Reproductive Justice
Individual - Mj4health.com
Indivisible Ca: StateStrong
John Burton Advocates for Youth
Latino Coalition for a Healthy California
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
Women's Foundation California
Women's Health Specialists
Youth Alliance
One individual

Opposition

California Baptist for Biblical Values
California Family Council
Lighthouse Baptist Church
Protection of the Educational Rights of Kids
Real Impact
The California Baptist Capitol Ministry
Two individuals

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