SENATE THIRD READING
SB 608 (Menjivar)
As Amended August 13, 2026
Majority vote

SUMMARY

Prohibits local educational agencies (LEAs) from preventing a school-based health center from making condoms available and easily accessible to students in grades 7 to 12; requires these LEAs to allow condoms to be made available during specified educational or public health programs, authorizes 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.

Major Provisions

1) Prohibits local educational agencies (LEAs) from preventing a school-based health center from making condoms available and easily accessible to students in grades 7 to 12.

2) Requires LEAs to allow condoms to be made available to students in grades 7 to 12 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) Authorizes 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.

COMMENTS

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 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."

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."

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, collectively statewide, to update policies and notifications as necessary to reflect availability and access to condoms on campus in addition to potential costs associated with tamper-proof dispensers and storage. To the extent an LEA is already implementing such measures costs would be lower.

2) Minor and absorbable costs to the CDE.

   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: 29-9-2
YES: Allen, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Cortese, Durazo, Gonzalez, Grayson, Hurtado, Laird, Limón, McGuire, McNerney, Menjivar, Padilla, Pérez, Reyes, Richardson, Rubio, Smallwood-Cuevas, Stern, Umberg, Wahab, Wiener
NO: Alvarado-Gil, Choi, Dahle, Grove, Jones, Niello, Ochoa Bogh, Seyarto, Strickland
ABS, ABST OR NV: Valladares, Weber Pierson

ASM EDUCATION: 6-1-2
YES: Patel, Ahrens, Bonta, Garcia, Lowenthal, Pellerin
NO: Castillo
ABS, ABST OR NV: Hoover, Zbur

ASM HEALTH: 12-3-1
YES: Bonta, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Patel, Celeste Rodriguez, Schiavo, Sharp-Collins, Stefani
NO: Sanchez, Jeff Gonzalez, Patterson

ABS, ABST OR NV: Johnson

ASM APPROPRIATIONS: 11-3-1
YES: Wicks, Arambula, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache
NO: Dixon, Ta, Tangipa
ABS, ABST OR NV: Hoover

UPDATED

VERSION: August 13, 2026

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