

Date of Hearing: June 17, 2026

ASSEMBLY COMMITTEE ON EDUCATION
Darshana R. Patel, Chair
SB 945 (Weber Pierson) – As Amended April 6, 2026

SENATE VOTE: 33-0

SUBJECT: School curriculum: physical education framework: cardiopulmonary resuscitation: automated external defibrillators

SUMMARY: Requires that, when the Physical Education (PE) Curriculum Framework is next revised after January 1, 2027, the Instructional Quality Commission (IQC) consider including content on the importance, performance, and use of compression-only cardiopulmonary resuscitation (CPR) and automated external defibrillators (AEDs) in that framework.

EXISTING LAW:

- 1) Requires the governing board of a school district or the governing body of a charter school to include instruction in performing compression-only CPR within a health course, as specified, if the governing board or body requires a health course for graduation from high school. (Education Code (EC) 51225.6)
- 2) Requires the California Department of Education (CDE) to provide guidance on how to implement such instruction, including, but not limited to, who may provide instruction. (EC 51225.6)
- 3) Encourages school districts and charter schools to provide pupils general information on the use and importance of an AED. Specifies that the physical presence of an AED in the classroom is not required. (EC 51225.6)
- 4) Establishes high school graduation requirements, including three years in English, two years in math, and two years of PE, and permits school districts to establish graduation requirements which exceed those required by the state. (EC 51225.3)
- 5) Requires the State Board of Education (SBE) and the Curriculum Development and Supplemental Materials Commission (now known as the IQC), during its first revision of the PE Curriculum Framework, to include self-defense instruction and safety instruction for pupils in grades 7, 8, 9, 11, and 12. (EC 51223.3)

FISCAL EFFECT: According to the Senate Appropriations Committee:

- The bill's requirement for the IQC to consider increasing content for the Health and Physical Education Framework is not expected to result in additional costs to the state since it would occur as part of the next regularly scheduled revision of the framework.
- Local education agencies (LEAs) could incur additional local costs depending on how they choose to implement the new instruction. To the extent that they purchase CPR training kits to implement the instruction, statewide costs could potentially be in the

millions of dollars on a one-time basis. It is unclear whether the Commission on State Mandates would deem this to be a state reimbursable mandate.

COMMENTS:

Need for the bill. According to the author, “Every minute after cardiac arrest, survival drops by 7 to 10 percent. More than 350,000 people suffer cardiac arrest outside a hospital each year in the United States, and nearly 90 percent don’t survive. Cardiac arrest isn’t rare and it doesn’t just affect older adults. About 23,000 children experience cardiac arrest outside of a hospital. Emergency responders typically arrive in 6 to 12 minutes, but irreversible brain damage can begin in just 3 to 5 minutes. That gap is where bystanders can save lives. Schools are the most effective place to train the next generation of lifesavers. Even a single 20-minute CPR training dramatically increases a student’s willingness to act in an emergency. While CPR and AED usage is already being taught, a vulnerable segment of the population is NOT receiving this education in high school. By requiring this education as part of a graduation requirement, we can ensure parity and safety in California high schools.”

CPR and AED content in the Health and PE Curriculum Frameworks. This bill requires that, when the PE curriculum framework is next revised after January 1, 2027, the IQC consider including content on the importance, performance, and use of compression-only CPR and AEDs in that framework.

CPR and AED use do not appear to be addressed in the 2005 PE Content Standards or 2009 PE Curriculum Framework, with the exception of the standard in high school aquatics: “Demonstrate and explain basic cardiopulmonary resuscitation” and a corresponding mention in the PE Curriculum Framework.

However, CPR instruction is part of the state’s health education content standards and corresponding curriculum framework. The 2008 Health Content Standards include: “Describing procedures for emergency care and lifesaving, including CPR, first aid, and control of bleeding.”

The current Health Education Framework, adopted by the SBE in 2019, contains numerous references to CPR, and notes in the 7th-8th grade section:

Prompt initiation of CPR by trained bystanders can double survival rates. Research confirms that schools are able to offer CPR to students despite time and budget constraints (Hoyme and Atkins 2017). California Education Code Section 51225.6 supports students learning hands-only (chest compressions-only) CPR at the high school level, but CPR training can be provided to students in grade levels seven and eight. Schools and districts should consider providing funding for this potentially life-saving instruction. Local chapters of such organizations as the American Red Cross, the American Heart Association, local emergency medical service providers, or credentialed school nurses may be able to provide hands-only CPR training at little to no cost. Students should be encouraged to obtain their First Aid/CPR or babysitting safety certification that includes CPR certification.

In the 9th to 12th grade section, the Framework notes:

In districts that require students to complete a health education course to graduate from high school, student must receive CPR instruction prior to high school graduation. Districts are encouraged to provide training to all students even if the district is not required to by statute.

Contact local chapters of such organizations as the American Red Cross or the American Heart Association and your local emergency medical service providers who may be able to provide CPR training at low or no cost. A credentialed school nurse or other school staff member may also be able to provide CPR training if they are certified to teach CPR.

There are far fewer mentions of the use of AEDs in the Health Curriculum Framework. In the elementary grades the Framework encourages schools to teach students where the nearest AED is located and how to retrieve it. There is no mention of AEDs or education in their use in the secondary grades.

Disparities in CPR education. According to materials provided by the author from the Eric Paredes Save a Life Foundation, among students not receiving CPR training, 77% identify as a race or ethnicity other than white, including 43% of Hispanic students and 42% of Black students. The author states that research consistently shows that cardiac arrest survival rates in predominately Black and Hispanic communities lag behind predominantly white communities – making this disparity both an issue of equitable health and a preventable loss of life. According to the author, 65% of the students missing CPR instruction qualify as socioeconomically disadvantaged, meaning the communities at greatest risk have the least access to these lifesaving skills.

Content Standards, Frameworks, and Model Curricula. The Legislature has vested the IQC and the SBE with the authority to develop and adopt state curriculum and instructional materials. The IQC develops curriculum frameworks in each subject by convening expert panels, developing drafts, and holding public hearings to solicit input. Changes are frequently made in response to public comment. The SBE then adopts the frameworks in a public meeting. The SBE also adopts, in a public process, instructional materials aligned to those frameworks for grades K-8. School district governing boards and charter schools then adopt instructional materials aligned to these standards and frameworks. This process has traditionally occurred on a regular schedule, giving schools a predictable timetable to plan and budget for changes to the curriculum. Local adoption of new curricula involves significant local costs, including resources for professional development.

These existing processes involve practitioners and experts who have an in-depth understanding of curriculum and instruction, including the full scope and sequence of the curriculum in each subject and at each grade level, constraints on instructional time and resources, and the relationship of curriculum to state assessments and other measures of student progress.

Curriculum development and adoption process under review. The 2025-26 budget, through AB 121 (Committee on Budget), Chapter 8, Statutes of 2025, included \$1 million for a study on the processes by which other states develop curriculum guidance and to make recommendations about how to improve and streamline California's processes. This report is to be completed by January 1, 2027.

The report is required to include, among other topics:

- The roles and responsibilities of the CDE, the IQC, the SBE, the Legislature, LEAs, educators, parents and guardians, and the public; and

- The processes and cycles for developing, revising, and adopting content standards, curriculum frameworks, and other instructional guidance, and how available instructional time in elementary and secondary schools is considered.

Governor’s veto message states that changes to curriculum should wait until curriculum study is complete and recommendations adopted. In 2025, the Governor vetoed AB 86 (Boerner), which would have required the SBE to adopt instructional materials for health education for kindergarten through 8th grade, on or before July 1, 2028, with the following message:

The Budget Act of 2025 authorized a Curriculum Guidance Study to evaluate and improve the current state-level curriculum guidance adoption process to improve efficiency and consistency across all content areas. Proposals like AB 86 should only be considered after this study is complete and changes to the process are adopted. In the meantime, local governing boards continue to have the authority to evaluate and select a range of materials that align with the state standards and the associated curriculum framework.

Two-house curriculum bill policies. For several Sessions, the Assembly and Senate Education Committees have adopted identical policies on curriculum measures. These policies state, in part:

- The Committee strongly discourages the introduction of measures which require, or require consideration of, modifications to state curriculum through changes to the curriculum framework, or the course of study, which require that specific curriculum be taught, or which require the development of new model curricula or any other state-adopted curriculum.
- The Committee encourages Members to engage in the existing administrative processes for modifying state curricula. Members may wish, for example, to provide written comments or public testimony to the Instructional Quality Commission, the State Board of Education, or the Superintendent of Public Instruction. Committee staff can share a model letter to the Instructional Quality Commission. Members may also wish to engage with the Legislative Members who are appointed to serve on the Instructional Quality Commission, or to engage in the Legislature’s oversight or appointment processes for this purpose.

The policies also state that bills proposing changes to the curriculum frameworks, instructional materials, or the course of study shall either request or require that the IQC consider including content not already included in the existing or draft curriculum frameworks, instructional materials, the course of study, model curricula, or any other state-adopted curriculum, to be added in the next regularly scheduled revision of a framework. ***The Committee may wish to consider*** that this bill conforms to this provision.

Arguments in support. The American Heart Association writes, “Training students in CPR and AED use empowers an entire generation to respond effectively during a cardiac emergency – at home, at school, in the workplace or in the community. These skills save lives, strengthen community resilience, and advance the American Heart Association’s goal to double cardiac arrest survival by 2030.

SB 945 directs the Instructional Quality Commission to explore embedding CPR and AED instruction into physical education, creating an opportunity for districts without a health graduation requirement to provide this lifesaving training before students graduate.”

Related legislation. AB 1473 (Mainschein) of the 2023-24 Session would have required school districts and charter schools to include instruction in compression-only CPR and the use of an automated external defibrillator (AED) in health and physical education courses required for graduation from high school. This bill was held in the Assembly Appropriations Committee.

AB 1719 (Maienschein), Chapter 556, Statutes of 2016, requires, if the governing board of a school district or the governing body of a charter school requires a course in health education for graduation from high school, the governing board or body to include in that course, commencing with the 2018–19 school year, instruction in performing compression-only CPR.

AB 71 (Rodriguez) of the 2023-24 Session would require a school district or charter school which requires a course in health education for graduation from high school to include instruction in the methods of bleeding control, commencing in the 2025-26 school year.

AB 1362 (Davies) of the 2023-24 Session would authorize the physical education course of study for grades 7 to 12 to include content on the physical and mental dangers associated with the use of opioids, such as fentanyl, steroids, and other harmful addictive drugs.

SB 224 (Portantino), Chapter 675, Statutes of 2022, requires schools that offer one or more courses in health education to students in middle school or high school to include in those courses instruction in mental health, as specified.

AB 1639 (Maienschein), Chapter 792, Statutes of 2016, establishes the Eric Paredes Sudden Cardiac Arrest Prevention Act; requires the CDE to make available specified guidelines and materials on sudden cardiac arrest (SCA); requires students and parents to sign informational materials before athletic participation; requires training of coaches; and sets requirements for action in the event a student experiences specified symptoms.

AB 319 (Rodriguez) of the 2015-16 Session would have required school districts and charter schools to provide instruction on performing CPR and the use of an AED to students in grades 9-12 as part of a course required for graduation. This bill was held in the Assembly Appropriations Committee.

AB 2217 (Melendez), Chapter 812, Statutes of 2014, authorizes a public school to solicit and receive non-state funds to acquire and maintain an AED, and provides that school districts and their employees are not liable for civil damages resulting from certain uses of an AED.

AB 939 (Melendez) of the 2013-14 Session would have stated the intent of the Legislature to encourage all public schools to acquire and maintain at least one AED, and would have authorized a public school to solicit and receive non-state funds to acquire and maintain an AED. This bill was held in the Senate Appropriations Committee.

SB 1346 (Lowenthal), Chapter 71, Statutes of 2012, extended indefinitely the minimum training standards and immunity from civil damages in connection with the use of AEDs. This bill was held in the Assembly Education Committee.

SB 63 (Price) of the 2011-12 Session would have required all public high schools to acquire and maintain at least one AED. This bill was held in the Senate Appropriations Committee.

SB 1290 (Kehoe, Chapter 703, Statutes of 2010) requires the SBE and the Curriculum Development and Supplemental Materials Commission to include self-defense instruction, as defined, and safety instruction, as defined, in the next revision of the PE Framework for pupils in grades 7, 8, 9, 11, and 12.

REGISTERED SUPPORT / OPPOSITION:

Support

American Heart Association
American National Red Cross
California Chapter American College of Cardiology
California Society for Respiratory Care
California Teachers Association
Habematolel Pomo of Upper Lake
San Diego Regional Chamber of Commerce

Opposition

None on file

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