SENATE THIRD READING
SB 945 (Weber Pierson)
As Amended April 6, 2026
Majority vote

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.

Major Provisions

1) 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.

2) Makes findings and declarations regarding the importance of expanding instruction in CPR and AED use.

COMMENTS

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 State Board of Education (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.

According to the Author
"Every minute after cardiac arrest, survival drops by 7 to 10%. More than 350,000 people suffer cardiac arrest outside a hospital each year in the United States, and nearly 90% 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 six to 12 minutes, but irreversible brain damage can begin in just three 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."

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."

Arguments in Opposition
None on file

FISCAL COMMENTS

According to the Senate Appropriations Committee:

1) One-time Proposition 98 General Fund cost pressures of an unknown, but potentially significant amount, possibly in the hundreds of thousands to low millions of dollars to local educational agencies (LEAs), collectively statewide. An exact estimate depends upon the extent to which the bill results in LEAs implementing CPR and AED instruction and purchasing the necessary equipment they otherwise would not purchase absent this framework revision.

2) Likely minor and absorbable costs for the IQC to consider including CPR and AED content in its next revision of the physical education framework.

VOTES

SENATE FLOOR: 33-0-7
YES: Archuleta, Arreguín, Ashby, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Ochoa Bogh, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener
ABS, ABST OR NV: Allen, Alvarado-Gil, Becker, Hurtado, Niello, Padilla, Stern

ASM EDUCATION: 8-0-1
YES: Patel, Hoover, Ahrens, Bonta, Castillo, Garcia, Lowenthal, Pellerin
ABS, ABST OR NV: Zbur

ASM APPROPRIATIONS: 15-0-0
YES: Wicks, Hoover, Arambula, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa

UPDATED

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CONSULTANT: Tanya Lieberman / ED. / (916) 319-2087 FN: 0003495