

Date of Hearing: June 17, 2026

ASSEMBLY COMMITTEE ON EDUCATION

Darshana R. Patel, Chair

SB 1347 (Niello) – As Amended April 6, 2026

SENATE VOTE: 36-0

SUBJECT: Pupil health: emergency stock albuterol inhalers

SUMMARY: Extends the authorization for school districts, county offices of education (COEs), and charter schools to provide and administer emergency stock albuterol inhalers, to apply to childcare programs operated by or under contract with a local educational agency (LEA), as well as their trained employees. Specifically, **this bill:**

- 1) Authorizes LEAs that operate or contract with a childcare program to provide emergency stock albuterol inhalers, including single-use disposable holding chambers, to school nurses or trained personnel who have volunteered to administer the medication.
- 2) Amends the definition of volunteer or trained personnel, authorized to administer stock albuterol under specified conditions, to include employees of a childcare program who have volunteered, received training, and are subject to liability limitations pursuant to existing law.
- 3) Authorizes childcare programs operated by or under contract with an LEA to designate one or more volunteers to receive initial and annual refresher training, as specified.
- 4) Adds childcare programs to the existing entities to which LEAs electing to utilize stock albuterol inhalers for emergency aid must distribute specified biannual notices.
- 5) Requires that a prescription provided by an authorizing physician and surgeon include appropriate doses of available stock albuterol inhalers for the ages and weights of individuals at each school and childcare program site.
- 6) Amends the definition of volunteer or trained personnel, authorized to administer stock albuterol under specified conditions, to include employees of a childcare program who have volunteered, received training, and are subject to liability limitations pursuant to existing law.
- 7) Defines “childcare program” as a state or federally subsidized childcare program operated by, or under contract with, an LEA, including, but not limited to, a California state preschool program (CSPP) or Head Start program, or a childcare program, including but not limited to, general childcare and development (CCTR).

EXISTING LAW:

- 1) Authorizes school districts, COEs, and charter schools to provide emergency stock albuterol inhalers, including, if necessary, single-use disposable holding chambers, to school nurses or trained personnel who have volunteered, as specified. Authorizes school nurses or trained personnel to use as emergency stock albuterol inhaler to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from respiratory illness. (Education Code (EC) 49414.7)

- 2) Authorizes pupils to carry and self-administer inhaled asthma medication during the schoolday if specified materials in writing are submitted to the LEA. (EC 49423.1)
- 3) Requires school districts, COEs, and charter schools to provide emergency epinephrine auto-injectors to school nurses or trained personnel who have volunteered to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an anaphylactic reaction. (EC 49414)
- 4) Requires the SPI to review minimum standards of training every five years or sooner for the administration of epinephrine auto-injectors. (EC 49414)

FISCAL EFFECT: This bill has been keyed non-fiscal by the Office of Legislative Counsel.

COMMENTS:

Need for the bill. According to the author, “In 2023, the Legislature passed on a bi-partisan basis AB 1283 (Chen), which authorized stock albuterol in public schools. This measure has helped safeguard children and has ensured our school health professionals have the necessary medication on hand at school to provide lifesaving treatment. According to the Allergy and Asthma Foundation of America (AFFA), as many as 1 million California children suffer from asthma. In a classroom of 30 children, about 3 are likely to have asthma according to the CDC.

Albuterol is a prescribed medicine used to prevent and treat wheezing, difficulty breathing, chest tightness, and coughing caused by lung diseases such as asthma. Albuterol is in a class of medications called bronchodilators and works by relaxing and opening the air passages to the lungs to make breathing easier.

Since the passage of AB 1283 (Chen, 2023), the state has made access to preschool a priority and is now expanding to Universal Preschool. This prioritization means the traditional definitions of “school” hasn’t always been clear in the education code whether it included preschool. Some school districts have expressed confusion if they are supposed to be providing the stock albuterol in their preschool programs. Clarity in statute is needed for schools to ensure they do not have any exposed liability for their preschool students. This is consistent with the passage of SB 568 (Niello) in 2025 which clarified the stock epinephrine in schools program also applied to preschool.”

This bill authorizes, but does not require, childcare programs operated by or under contract with an LEA, to maintain stock albuterol inhalers to provide to childcare personnel who have volunteered and been trained to administer the medication to children suffering from asthma. The bill provides liability protection to the childcare staff administering the medication.

The ability to stock and administer albuterol is currently authorized for LEAs serving students in TK to 12th grade, and this bill would extend this authorization to those childcare programs, such as CSPP, Head Start, or general childcare program operated by or under contract with the LEA.

What is respiratory distress? Respiratory distress occurs when a person is experiencing a restriction in oxygen and is struggling to breathe. Various causes of respiratory distress include an infection, a blocked airway, and asthma. Uncontrolled asthma can lead to an asthma attack in which the airways become swollen and inflamed to a point where they contract, producing extra mucus, causing the breathing or bronchial tubes to narrow. A person will experience coughing,

wheezing, and trouble breathing. With prompt treatment, symptoms can improve, but a severe asthma attack, or a flare-up, which does not improve with quick treatment, can become a life-threatening emergency.

Asthma in school-aged children. Asthma is a chronic lung disease and the leading cause of absenteeism for students. It affects 10% of school-aged children nationwide and accounts for 5.2 million absences annually. The California Department of Public Health (CDPH) reports that 1 in 7 Californians have asthma, and that 1 in 3 children with asthma miss school due to asthma-related illness. Asthma is the leading cause of chronic disease-related school absenteeism and is linked to lower academic performance, particularly in urban minority children. (O'Rourke, 2020)

Asthma often starts during childhood as children's immune systems are still developing. While the exact cause of asthma is unknown, certain factors combined can contribute to a child developing asthma, including:

- Family history (parent or sibling having asthma);
- Exposure to things in the environment (allergens such as cigarette smoke or pollution); and
- Viral infections (which affect the lungs).

Asthma can also be triggered or set off by various elements such as:

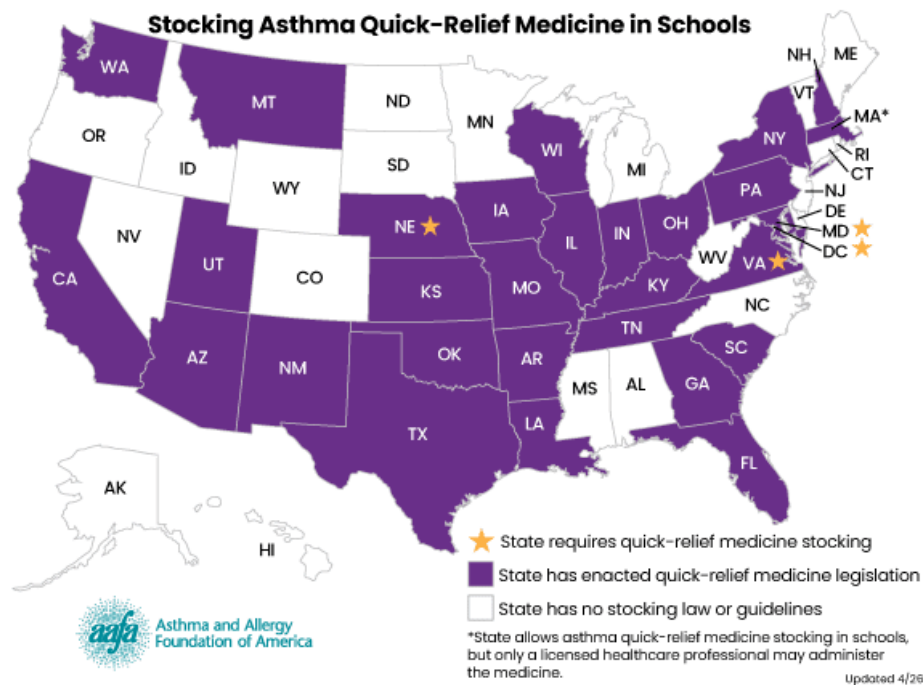
- Indoor allergens (pet dander or dust mites);
- Outdoor allergens (mold or pollens);
- Physical activity;
- Infections (colds, influenza, or COVID-19);
- Poor air quality or very cold air; and
- Certain medications, such as pain relievers.

Management of symptoms and cost of treatment for asthma. While there is no cure for asthma, treatment meant to alleviate symptoms include quick relief and long-term treatments. Treatments range from taking pills, utilizing a nebulizer (a machine that turns liquid medicine into mist to be more easily inhaled), to using an inhaler (a handheld, portable device that delivers medication to the user's lungs).

CDPH states that people with uncontrolled asthma may need to visit the emergency department (ED) in order to receive help with managing an asthma attack. More severe cases may require a person to be hospitalized. In 2024, asthma was the primary reason for 145,000 ED visits in California and 15,000 hospital stays.

Side effects of albuterol. According to the American Academy of Pediatrics, Albuterol may cause side effects, including but not limited to excitement, nervousness, tremor, anxiety, hyperactive behavior, and insomnia. Excitement, nervousness, and insomnia may be more frequent in younger pediatric patients (2 to 6 years).

Stock albuterol is authorized for use in U.S. schools in many states. According to the Asthma and Allergy Foundation of America (AAFA), since 2012, most states have passed laws that allow or require schools to keep a supply of epinephrine auto-injectors for use in allergy emergencies. While all 50 states have laws that ensure children can self-carry and administer their prescribed asthma medication (California enacted the self-carry asthma medication law in 2004), it is estimated that as few as 14% of children have access to quick relief medication at school (Volerman, 2021). Common barriers include difficulty accessing health care, forgetting to refill the prescription, and challenges with obtaining asthma action plans and inhalers or valved holding chambers.



Stock albuterol provides numerous benefits. Ensuring prompt and reliable administration of asthma rescue medication is key to managing asthma in schools where children spend most of their day. Medication is more readily available for children who may have forgotten their medication and for students with previously undiagnosed asthma.

Stock albuterol policies authorize schools to maintain unassigned albuterol for administration to students with asthma symptoms by trained staff members. Research demonstrates that stock albuterol policies makes asthma medication more accessible, resulting in alleviated anxiety, reduced 911 calls, reductions in daytime asthma symptoms, and allows children with asthma symptoms to return to class. (O’Rourke, 2020)

State and federal programs to help schools better manage asthma. Recognizing that asthma is a leading cause of absenteeism, the California Department of Education (CDE) developed the document, “Guidelines for the Management of Asthma in California Schools,” in collaboration with asthma experts and stakeholders. The CDE references guidelines on the website of California Breathing, the asthma program in the CDPH that “works to improve the respiratory health of Californians and reduce asthma-related health disparities through education and environmental interventions where we live, work, learn, and play.”

On the federal level, House Resolution 2468 (Public Law 116-292), known as the School-Based Allergies and Asthma Management Program Act, was signed in 2021. It establishes preferences for grants under the children's asthma treatment program for states that require schools to establish allergy and asthma management programs and include individual action plans for students diagnosed with allergies or asthma.

Arguments in support. The California School Nurses Organization writes, “Asthma is one of the most prevalent chronic conditions affecting school-age children in the United States, and California is no exception. As health care providers on the front lines, school nurses see firsthand how quickly respiratory distress can escalate. Approximately 1 in 12 children has asthma, and schools are among the most common settings where acute asthma attacks occur. A child experiencing a severe asthma attack who cannot immediately access a bronchodilator like albuterol faces a serious risk of hospitalization, or worse.

Current California law permits schools to stock emergency inhalers, but ambiguities in the statutory framework have left some program operators uncertain about whether they are authorized to do so. As a result, children in certain school settings may have no access to treatment at all if they either forget their own inhaler or have a new or previously undiagnosed case of asthma. Clarifying the law to affirmatively authorize all school programs to stock and administer albuterol inhalers ensures that school nurses and trained staff can act confidently during a medical emergency without administrative confusion. The bill also maintains this provision as an authorization, rather than a requirement, maintaining local flexibility and allowing for communities to decide what is best for them.”

Related legislation. SB 568 (Niello) Chapter 322, Statutes of 2025, updates terminology from “epinephrine auto-injectors” to “epinephrine delivery systems” in sections of Education Code related to an LEAs requirement to provide emergency epinephrine to school nurses or trained personnel; specifically includes programs operated by or under contract with LEAs in existing provisions; and expands existing provisions to also apply to state or federally subsidized childcare programs operated by or under contract with LEAs.

AB 1283 (Chen) Chapter 574, Statutes of 2023, authorizes a LEA to make emergency stock albuterol inhalers available at school districts, COEs, and charter schools, and authorizes school nurses or trained personnel who have volunteered to administer an albuterol inhaler to persons suffering from, or reasonably believed to be suffering from, respiratory distress.

AB 743 (Eduardo Garcia), Chapter 101, Statutes of 2019, requires a school district to accept the written statement from a physician who is contracted with a binational health plan for the purposes of authorizing a pupil to carry and self-administer inhaled asthma medication that the pupil is required to administer during the regular schoolday.

AB 1748 (Mayes) Chapter 557, Statutes of 2016, authorizes school nurses and other trained personnel to use naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose.

SB 738 (Huff) Chapter 132, Statutes of 2015, requires a school district to accept the written statement from a physician who is contracted with a binational health plan for the purposes of

authorizing a pupil to carry and self-administer inhaled asthma medication that the pupil is required to administer during the regular school day.

AB 2132 (Reyes) Chapter 832, Statutes of 2004, authorizes a student to carry and self-administer medication, including inhaled asthma medication, or to receive assistance from school personnel, if the school district receives written statements, as specified.

AB 2185 (Frommer) Chapter 711, Statutes of 2004, requires specified health care service plans to provide coverage for equipment for treating pediatric asthma and coverage for pediatric asthma outpatient self-management training and education.

REGISTERED SUPPORT / OPPOSITION:

Support

Alameda County Office of Education
Alameda County School Nurse Network
American Medical Response West
Association of California School Administrators
Asthma and Allergy Foundation of America
Asthma and Allergy Foundation of America (UNREG)
California School Nurses Organization
California Society for Allergy, Asthma and Immunology
California Society for Respiratory Care
Small School Districts Association

Opposition

None on file

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