

Date of Hearing: April 12, 2023

ASSEMBLY COMMITTEE ON EDUCATION  
Al Muratsuchi, Chair  
AB 19 (Joe Patterson) – As Amended February 27, 2023

**SUBJECT:** Pupil health: opioid antagonists

**SUMMARY:** Requires public schools to maintain at least two doses of naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to a person suffering from an opioid overdose. Specifically, **this bill:**

- 1) Requires each individual public school operated by a school district, county office of education (COE), or charter school, to maintain at least two doses of naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to a person suffering from an opioid overdose.
- 2) Makes other technical changes.

**EXISTING LAW:**

- 1) Authorizes school districts, COEs and charter schools to provide emergency naloxone or another opioid antagonist to school nurses or trained volunteer personnel for the purpose of providing emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose. (Education Code (EC) 49414.3)
- 2) Authorizes public and private elementary and secondary schools to voluntarily determine whether or not to make emergency naloxone or another opioid antagonist and trained personnel available at its school. Requires a school to evaluate the emergency medical response time to the school and determine whether initiating emergency medical services is an acceptable alternative to naloxone or another opioid antagonist and trained personnel. Prohibits a private elementary or secondary school choosing to exercise the authority provided by this bill from receiving state funds for this purpose.
- 3) Authorizes public and private elementary and secondary schools to designate one or more volunteers to receive initial and annual refresher training regarding the storage and emergency use of naloxone or another opioid antagonist from the school nurse or other qualified person designated by an authorizing physician and surgeon. Specifies that a benefit must not be granted to or withheld from any individual based on his or her offer to volunteer and prohibits retaliation against any individual for rescinding his or her offer to volunteer, including after receiving training. Specifies that a school district, COE, or charter school choosing to exercise the authority provided by this bill must provide the training for the volunteers at no cost to the volunteer and during the volunteer's regular working hours.
- 4) Requires the Superintendent of Public Instruction (SPI) to establish minimum standards of training for the administration of naloxone or another opioid antagonist and to review the minimum standards of training every five years, or sooner as deemed necessary. Requires the SPI to consult with organizations and providers with expertise in administering naloxone or another opioid antagonist and administering medication in a school environment, including the California Society of Addiction Medicine, the Emergency Medical Services

Authority, the California School Nurses Organization, the California Medical Association, and the American Academy of Pediatrics.

- 5) Requires the training to include all of the following:
  - a) Techniques for recognizing symptoms of an opioid overdose;
  - b) Standards and procedures for the storage, restocking, and emergency use of naloxone or another opioid antagonist;
  - c) Basic emergency follow-up procedures, including, but not limited to, a requirement for the school or charter school administrator, or if the administrator is not available, another school staff member to call the emergency 911 telephone number and to contact the student's parent or guardian;
  - d) Recommendations on the necessity of instruction and certification in cardiopulmonary resuscitation (CPR); and,
  - e) Written materials covering the information required in the training.
- 6) Requires training to be consistent with the most recent guidelines for medication administration issued by the California Department of Education (CDE).
- 7) Requires the CDE to include on its website a clearinghouse for best practices in training nonmedical personnel to administer naloxone or another opioid antagonist to pupils.
- 8) Requires any school district, COE, or charter school electing to utilize naloxone or another opioid antagonist for emergency aid to distribute a notice at least once per school year to all staff containing the following information:
  - a) A description of the volunteer request stating that the request is for volunteers to be trained to administer naloxone or another opioid antagonist to a person if the person is suffering, or reasonably believed to be suffering, from an opioid overdose;
  - b) A description of the training that the volunteer will receive;
  - c) The right of an employee to rescind his or her offer to volunteer; and
  - d) A statement that no benefit will be granted to or withheld from any individual based on his or her offer to volunteer and that there will be no retaliation against any individual for rescinding his or her offer to volunteer, including after receiving training.
- 9) Requires a qualified supervisor of health, or administrator, at a school district, COE, or charter school electing to utilize naloxone or another opioid antagonist for emergency aid to do the following:
  - a) Obtain from an authorizing physician and surgeon a prescription for each school for naloxone or another opioid antagonist; and
  - b) Stock the naloxone or another opioid antagonist and restocking it if it is used.

- 10) Provides that a prescription may be filled by local or mail order pharmacies or naloxone or another opioid antagonist manufacturer.
- 11) Specifies that an authorizing physician and surgeon shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for the issuance of a prescription or order pursuant to this bill, unless the physician and surgeon's issuance of the prescription or order constitutes gross negligence or willful or malicious conduct.
- 12) Specifies that a school nurse or, if the school does not have a school nurse or the school nurse is not onsite or available, a volunteer may administer naloxone or another opioid antagonist to a person exhibiting potentially life-threatening symptoms of an opioid overdose at school or a school activity when a physician is not immediately available. Provides that if the naloxone or another opioid antagonist is used it must be restocked as soon as reasonably possible, but no later than two weeks after it is used. Naloxone or another opioid antagonist must be restocked before their expiration date.
- 13) Specifies that volunteers may administer naloxone or another opioid antagonist only by nasal spray or by auto-injector, in the authorized form the volunteer is most comfortable with.
- 14) Requires that a school district, COE, or charter school electing to utilize naloxone or another opioid antagonist for emergency aid ensure that each employee who volunteers under this section be provided defense and indemnification by the school district, COE, or charter school for any and all civil liability. Requires this information to be reduced to writing, provided to the volunteer, and retained in the volunteer's personnel file.
- 15) Specifies that a person trained to provide naloxone or another opioid antagonist who administers naloxone or another opioid antagonist, in good faith and not for compensation, to a person who appears to be experiencing an opioid overdose not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for their acts or omissions in administering the naloxone or another opioid antagonist. Specifies that the protection does not apply in a case of gross negligence or willful and wanton misconduct of the person who renders emergency care treatment by the use of naloxone or another opioid antagonist. Specifies that any public employee who volunteers to administer naloxone or another opioid antagonist is not providing emergency medical care "for compensation" notwithstanding the fact that they are a paid public employee.
- 16) Authorizes a state agency, the CDE, or a public school, to accept gifts, grants, and donations from any source for the support of the public school carrying out the provisions of this section, including, but not limited to, the acceptance of naloxone or another opioid antagonist from a manufacturer or wholesaler. (EC 49414.3)

**FISCAL EFFECT:** The Office of Legislative Counsel have keyed this as a possible state-mandated local program.

**COMMENTS:**

***Need for the bill.*** According to the author, "Until my neighbor, high school teen Zach Didier, lost his life to Fentanyl, I had no idea how kids were getting their hands on this poison. Zach ingested a pill of what he believed to be Percocet. As a father of four children, I can't imagine having to experience what my neighbor went through which is why I am authoring Assembly

Bill 19. According to the CDE in 2012, California suffered 82 tragic deaths attributed to fentanyl overdoses, and last year that number jumped to more than 6,000. Fentanyl deaths accounted for more than 80% of all drug-related deaths among California's young people in 2021. AB 19 is part of my three-pronged approach to helping solve the Fentanyl crisis - accountability, education, and safety. This measure is about safety.

It is time we take the initiative to have simple and proven preventative care available to schools where our kids spend a majority of their time. Fentanyl is being disguised as candy and is readily available in every community - why aren't we putting this on every campus? I was pleased to hear that the Governor has set aside \$3.5 million in Prop 98 to fund this program for all middle and high school sites to maintain naloxone on campus, which answers any questions about funding for Assembly Bill 19. I am proud that this is a bipartisanship issue having the governor, Democrats, and Republicans recognize this policy will save children's lives."

***Current law authorizes, but does not require, schools to stock and administer opioid antagonists.*** This bill would require each school in a school district, COE, or charter school to maintain at least two doses of naloxone hydrochloride or equivalent on its campus for use, as prescribed by current law.

***Dangers associated with Fentanyl.*** Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration (FDA) for use as an analgesic and anesthetic. It is approximately 50 times stronger than heroin and 100 times stronger than morphine. First developed in 1959, it was introduced in the 1960's as an intravenous anesthetic. Fentanyl is legally manufactured and distributed in the United States; however, there are two types of fentanyl: pharmaceutical fentanyl and illicitly manufactured fentanyl. Both are considered synthetic opioids. Pharmaceutical fentanyl is prescribed by doctors to treat severe pain, especially after surgery and for advanced-stage cancer. Most recently, cases of fentanyl-related overdoses are linked to illicitly manufactured fentanyl that is distributed through illegal drug markets for its heroin-like effect. It is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous.

***Addressing Fentanyl Among California Youth.*** According to the California Department of Public Health (CDPH), fentanyl-related overdose deaths increased 625% among ages 10-19 from 2018 to 2020. In 2021, there were 224 fentanyl-related overdose deaths among teens ages 15-19 years old in California. Current law requires the SPI to establish minimum training standards for school employees who volunteer to administer naloxone or another opioid antagonist. In addition to setting minimum training standards, the CDE must maintain on its website a clearinghouse for best practices in training nonmedical personnel to administer naloxone or another opioid antagonist to pupils.

The CDE, in conjunction with the CDPH, provide LEAs with resources and information that they can readily share with parents and students to help keep them safe. The Fentanyl Awareness and Prevention toolkit page offers information about the risks of fentanyl and how to prevent teen use and overdoses. In addition to the toolkit, the CDPH's Substance and Addiction Prevention branch also provides resources for parents, guardians, caretakers, educators, schools, and youth-serving providers.

***Reversing opioid overdoses.*** Naloxone is the generic name for an opioid antagonist that rapidly reverses an opioid overdose. It attaches to opioid receptors and reverses and blocks the effects of

other opioids. Naloxone can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose. Naloxone comes in two FDA-approved forms: injectable and prepackaged nasal spray.

On March 29, 2023 the FDA approved Narcan, naloxone hydrochloride nasal spray for over-the-counter (OTC), nonprescription use. This is the first naloxone product approved for use without a prescription. This will allow this medication to be sold directly to consumers in drug stores, grocery stores, as well as online. According to an FDA Commissioner, “Today’s approval of OTC naloxone nasal spray will help improve access to naloxone, increase the number of locations where it’s available and help reduce opioid overdose deaths throughout the country. We encourage the manufacturer to make accessibility to the product a priority by making it available as soon as possible and at an affordable price.”

Narcan nasal spray was first approved by the FDA in 2015 as a prescription drug. According to the FDA, in accordance with a process to change the status of a drug from prescription to nonprescription, the manufacturer provided data demonstrating that the drug is safe and effective for use as directed in its proposed labeling. The manufacturer also showed that consumers can understand how to use the drug safely and effectively without the supervision of a healthcare professional. The application to approve Narcan nasal spray for OTC use was granted priority review status and was the subject of an advisory committee meeting in February 2023, where committee members voted unanimously to recommend it be approved for marketing without a prescription.

***CDPH Statewide Standing Order for Naloxone.*** Naloxone can help reduce opioid overdose deaths in California, but many organizations find it difficult to obtain the required standing order to obtain naloxone from health care providers. According to CDPH, of the 6,843 opioid-related overdose deaths in 2021, 5,722 were related to fentanyl. CDPH issued the standing order, in 2017, to address this need and support equitable naloxone access. The standing order:

- 1) Allows community organizations and other entities in California that are not currently working with a physician, to distribute naloxone to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist.
- 2) Allows for the administration of naloxone by a family member, friend, or other person to a person experiencing or reasonably suspected of experiencing an opioid overdose.

Among the organizations and entities that can distribute naloxone under the order are colleges and universities. An individual at risk of experiencing an overdose or someone who can assist an individual at risk is allowed to do so. Under the statewide standing order, staff of community organizations and other entities distributing naloxone must be trained. They are also required to provide training to individuals who receive naloxone from them. Colleges and other organizations may apply to use the statewide standing order if they meet certain conditions.

A separate distribution program administered through the Department of Health Care Services (DHCS) allows schools, universities and colleges to apply for and obtain naloxone at no cost to the institution. According to the CDPH website, since October 2018, their Naloxone Distribution Project (NDP) has distributed over 1 million units of naloxone, and recorded over 57,000 overdose reversals.

***Governor’s Proposed Budget.*** Currently, the Governor’s budget proposes \$97 million in new investments to tackle the fentanyl and opioid crisis, including \$3.5 million for all middle and high school sites to maintain at least two doses of naloxone hydrochloride or another medication to reverse an opioid overdose on campus for emergency aid. The proposal also includes \$79 million to the Naloxone Distribution Project, \$10 million in grants for education, testing, recovery, and support services, as well as \$4 million to make test strips more widely available.

***California’s Opioid Settlements.*** According to the DHCS, on July 21, 2021, a \$26 billion offer to settle was made by opioid manufacturer Janssen Pharmaceuticals (parent company of Johnson & Johnson) and the “big three” distributors, McKesson, AmerisourceBergen, and Cardinal Health (“the Distributors”) to resolve their liabilities in over 3,000 opioid crisis-related lawsuits nationwide. It’s estimated that California will receive approximately \$2.05 billion from the Janssen and Distributors (J&D) Settlement Agreements over the next 18 years. The majority of this money will be provided to local agencies to be used for opioid abatement activities. California has joined additional lawsuits against manufacturers, distributors, and other entities responsible for aiding the opioid epidemic and anticipates receiving funds from future opioid judgment and settlement agreements.

***Some California school districts have opted to make Naloxone available.*** The Los Angeles Unified School District (LAUSD), the state’s largest school district, announced plans to stock naloxone at over 1,400 elementary, middle, and high schools in response to numerous incidents of students experiencing overdoses, including at least one death in 2022. San Diego Unified School District, the state’s second-largest school system stocks naloxone at schools with students in sixth grade or higher. Since 2020, Elk Grove Unified School District, a large district in Northern California, has provided naloxone to school security officers and their supervisors. In Los Angeles County, the Palos Verdes Peninsula Unified School District trained all the district’s registered nurses on how to administer naloxone and made it available to them at that district’s high schools.

***Arguments in support.*** According to the Los Angeles COE, “With the rapid increase in the prevalence of fentanyl abuse and poisonings amongst teenagers, schools are not properly equipped to save the life of a child suffering from the effects of fentanyl. The Los Angeles Times reported in September 2022 that seven teenagers, including a fifteen-year-old, died from overdosing on pills possibly containing fentanyl. That same month, a school administrator in Bakersfield was sent to the hospital due to exposure of counterfeit prescription pills containing fentanyl.

Fentanyl overdoses accounted for more than 80% of all drug-related deaths among California’s young people in 2021. More than 770 Californians under the age of 24 died of fentanyl overdoses last year, a 21-fold increase since 2016. The access to opioids and drugs such as fentanyl is too easily available and to not have a standing state law that requires K-12 schools to have the preventives easily available is a concern.

While some K-12 schools have opted to offer this inexpensive life-saving medication, most still do not provide Naloxone on campus. AB 19 would require K-12 schools to have naloxone as a lifesaving measure on campus for students experiencing an opioid overdose. This bill ensures that our schools are prepared for the potential of an opioid overdose, which is becoming more common as fentanyl is flooding into California and doses have been made to look like prescription drugs and even candy.”

**Related legislation.** AB 889 (Joe Patterson) of the 2023-24 Session would require a school district, COE, and charter school to annually inform parents or guardians of the dangers associated with using synthetic drugs at the beginning of the first semester or quarter of the regular school term, and to post this information on their websites.

SB 10 (Cortese) of the 2023-24 Session would require LEAs and COEs to include strategies for the prevention and treatment of an opioid overdose in their school safety plans, and require the CDE to develop training materials on the use of emergency opioid antagonists for school personnel, and safety materials for parents, guardians, and pupils in conjunction with the California Health and Human Services Agency (CalHHS).

SB 234 (Portantino) of the 2023-24 Session would require schools kindergarten to 12th grade, institutions of higher education, stadiums, concert venues, and amusement parks, at all times, to maintain unexpired doses of naloxone hydrochloride or any other opioid antagonist on its premise, ensure that at least two employees are aware of the location of the naloxone hydrochloride or other opioid antagonist, and expand community colleges ability to administer naloxone.

SB 472 (Hurtado) of the 2023-24 Session would require each campus of a public school operated by an LEA, COE, or charter school to maintain at least two doses on its campus, and distribute, naloxone hydrochloride or another opioid antagonist pursuant to the standing order for naloxone and requires LEAs, COEs, and charter school to report to the DHCS for failure to distribute naloxone.

AB 915 (Arambula) of the 2023-24 Session would require the CDPH to establish, by March 1, 2025, a certification training program for public middle school and public high school students in grades 5 to 12 to gain skills in how to administer Narcan nasal spray, during an opioid overdose, and how to store and dispose of Narcan nasal spray. The bill would also authorize public middle and high schools serving pupils in any of grades 5 to 12 to voluntarily determine whether or not to host the program on their campuses. The bill would require the CDE to collaborate with drug prevention organizations, community health centers and experts, and nonprofits with related expertise to provide pupils with integrated, comprehensive, accurate, and unbiased educational materials on opioid and drug overdose prevention, opioid and drug safety, and stigma reduction.

AB 33 (Bains) of the 2023-24 Session would establish the Fentanyl Addiction and Overdose Prevention Task Force to undertake specified duties relating to fentanyl abuse.

AB 1058 (Jim Patterson) of the 2023-24 Session would increase penalties for possession for the purposes of sale and for transportation and sale of a controlled substance if the controlled substance involved was more than 28.35 grams of fentanyl, more than 28.35 grams of an analog of fentanyl, a substance containing more than 28.35 grams of fentanyl, or a substance containing more than 28.35 grams of an analog of fentanyl.

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

AB 635 (Ammiano), Chapter 707, Statutes of 2013, revised certain provisions from a pilot program authorizing prescription of opioid antagonists for treatment of drug overdose and

limiting civil and criminal liability, expanded these provisions statewide, and removed the 2016 sunset date for the pilot program. This bill permitted a licensed health care provider who is authorized by law to prescribe an opioid antagonist, if acting with reasonable care, to prescribe and subsequently dispense or distribute an opioid antagonist to a person at risk of an opioid-related overdose or a family member, friend, or other person in a position to assist the person at risk, and limited the professional and civil liability of licensed health care providers and persons who possess or distribute opioid antagonists.

SB 1438 (Pavley), Chapter 491, Statutes of 2014, required the development of training and other standards for the administration of naloxone by emergency medical technicians and other pre-hospital emergency care personnel.

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

California Association for Health, Physical Education, Recreation & Dance  
California Association of School Business Officials (CASBO)  
California District Attorneys Association  
California Parents Union  
California State Parent Teacher Association  
California Youth Empowerment Network  
Crime Victims United  
Emergency Nurses Association, California State Council  
Los Angeles County Office of Education  
Mental Health America of California  
Orange County Sheriff's Department  
San Diego County District Attorney's Office  
Steinberg Institute

**Opposition**

None on file

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