

Date of Hearing: April 12, 2023

ASSEMBLY COMMITTEE ON EDUCATION
Al Muratsuchi, Chair
AB 915 (Arambula) – As Amended April 3, 2023

[Note: This bill is double referred to the Assembly Health Committee and will be heard by that Committee as it relates to issues under its jurisdiction.]

SUBJECT: Pupil health: drug education: opioid overdose certification and training program

SUMMARY: Establishes a voluntary certification training program for high school students in how to administer naloxone hydrochloride during an opioid overdose; requires the California Department of Public Health (CDPH) to develop the training and resource materials in collaboration with specified entities; and requires schools that elect to stock naloxone hydrochloride to place it in specified locations. Specifically, **this bill:**

- 1) Establishes the Naloxone Hydrochloride Nasal Spray Certification Training Program (Program) and requires the CDPH to establish, by March 1, 2025, a certification training program for public high school students in grades 9 to 12 to gain skills in how to identify an overdose and respond, including by administering naloxone hydrochloride nasal spray.
- 2) Authorizes public high schools serving students in grades 9 to 12 to voluntarily determine whether or not to host the Program on their campuses.
- 3) Requires the CDPH to collaborate with local, state, and national organizations, including community health centers, community health experts, and nonprofits with related expertise, to provide students working toward their certificate with integrated, comprehensive, accurate, and unbiased educational materials on opioid and drug overdose prevention, opioid and drug safety, and stigma reduction.
- 4) Requires Program trainings to include instruction from appropriately trained instructors, with state-approved background checks, from local, state, and national community health centers, community health experts, and nonprofits with related expertise.
- 5) Specifies that the training on administering naloxone hydrochloride nasal spray may include the following:
 - a) Informational videos, graphics, or in-person training on what to do and how to respond during a drug or opioid overdose;
 - b) Information on how to recognize signs of a drug or opioid overdose; and
 - c) Information on how to respond in an emergency involving a drug or opioid overdose.
- 6) Requires the Program to provide resource materials related to drug and opioid use and prevention, appropriate for use with students of all races, genders, sexual orientations, and ethnic and cultural backgrounds, students with disabilities, and English learners.

- 7) Requires the CDPH to collect data annually on the number of students participating in the Program to determine the efficacy of the program training resources and informational efforts, and to share this information with the Legislature, as specified.
- 8) Requires any school district, county office of education (COE), or charter school, serving students in grades 9 to 12, that chooses to make naloxone hydrochloride or another opioid antagonist available on campus to ensure that it is placed in an appropriate location, as determined by the governing board or body, that is widely known and easily accessible, both during school hours and after school hours. Requires that the naloxone hydrochloride or another opioid antagonist is located in at least one of the following locations on campus:
 - a) School nurse's office;
 - b) Athletic trainer's office;
 - c) Front office;
 - d) Performing arts auditorium;
 - e) Library;
 - f) Cafeteria; and
 - g) Athletic gym.
- 9) Defines "naloxone hydrochloride nasal spray" as an FDA-approved nasal spray designed to rapidly reverse an overdose.
- 10) Defines "Program" as the naloxone hydrochloride nasal spray certification training program established by this section.

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.
- 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, 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) 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.
- 11) 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.
- 12) Requires that a school district, COE, or charter school electing to utilize naloxone or another opioid antagonist for emergency aid to 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.
- 13) 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.
- 14) 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, the acceptance of naloxone or another opioid antagonist from a manufacturer or wholesaler. (EC 49414.3)

FISCAL EFFECT: Unknown

COMMENTS:

Need for the bill. According to the author, “The fentanyl and opioid crisis is a state and nationwide public health emergency that has taken the lives of so many young people. Fentanyl prevention, education, and training on how to assist someone who is experiencing an opioid

overdose is lifesaving. According to CDPH, in 2021 there were 7,175 deaths because of an opioid overdose. The state can take a leadership role to better inform people of how to treat those who undergo a potentially fatal overdose. AB 915 will establish a certification-training program for young people in grades 9-12. It will outline key methods on how to support a peer experiencing an opioid overdose, with the use of naloxone nasal sprays. Through comprehensive and evidence based certification training, students can prepare and learn ways to support their peers experiencing a drug related overdose.”

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 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, provides LEAs with resources and information that they can provide to parents and students. The Fentanyl Awareness and Prevention toolkit page offer 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, a 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 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 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, 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.

Is it appropriate to have young people trained to administer naloxone? There is no precedent in state law to allow students to administer medication. This proposal to allow students to administer naloxone hydrochloride would represent a significant departure from current practice.

The CDPH website includes an 11-minute training video to equip public health agencies, community organizations, friends, family members and others with the knowledge and skills needed to prevent opioid-related deaths by using naloxone, a drug that can reverse an overdose. It includes a six point checklist on how to recognize when a person is overdosing and demonstrates how to dispense naloxone and provide post-overdose care.

According to the National Association of School Nurses, the use of naloxone as an opioid overdose reversal agent by laypeople and first responders has doubled from 2017-2018 and has proven to be an effective strategy in preventing overdose opioid deaths. Since 2017, every state and the District of Columbia have laws that provide protection from criminal liability for naloxone administration by laypersons or first responders.

In considering a similar bill proposing a naloxone student training program in New Jersey, supporters argue that the education would be no different than training in CPR or other first aid measures. Proponents claim it will equip students with the tools and skills they need to help save lives. They further point out that a school nurse cannot be everywhere at once. Since overdose response must be quick to save the life in danger, it is important for others to be able to administer the naloxone.

Recommended Committee Amendments. Staff recommend that the bill be amended as follows:

- 1) Include school staff in the list of those authorized to provide the training.
- 2) Require the CDPH to provide the annual data collected to the Education fiscal and policy committees of the Legislature.
- 3) Other technical and clarifying changes.

Related legislation. AB 19 (Joe Patterson) of the 2023-24 Session would require public schools to maintain at least two doses of naloxone hydrochloride or opioid antagonist to provide emergency medical aid to a person suffering from an opioid overdose.

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 serving students in 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 schools to report to the DHCS for failure to distribute naloxone.

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 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

None on file

Opposition

None on file

Analysis Prepared by: Debbie Look / ED. / (916) 319-2087