

Date of Hearing: June 28, 2023

ASSEMBLY COMMITTEE ON EDUCATION  
Al Muratsuchi, Chair  
SB 234 (Portantino) – As Amended May 18, 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.]**

**SENATE VOTE:** 38-2

**SUBJECT:** Opioid antagonists: schools, college campuses, stadiums, concert venues, and amusement parks

**SUMMARY:** Requires each campus of a K-12 public school, California Community Colleges (CCC), the California State University (CSU), the University of California (UC), an independent institution of higher education, and a private postsecondary educational institution, and each stadium, concert venue, and amusement park, to maintain unexpired opioid antagonist doses on its premises and ensure that at least two employees are aware of the location of the other opioid antagonist. Specifically, **this bill:**

- 1) Requires each public elementary and secondary school in the state, including charter schools, to maintain unexpired doses of naloxone hydrochloride or any other opioid antagonist on its schoolsite at all times, and to ensure that at least two employees are aware of the location of the naloxone hydrochloride or other opioid antagonist, and removes references to schools electing to have these items available.
- 2) Requires any school district, county office of education (COE), or charter school electing to make trained personnel available at schoolsites to administer naloxone hydrochloride or another opioid antagonist to a person suffering from an opioid overdose, to send out the required notice requesting volunteers to staff not more than twice per school year.
- 3) Requires schools districts, COEs, and charter schools to annually at the end of each school year report all incidents of on campus student opioid exposure during the school year to the California Department of Education (CDE) and the State Department of Health Care Services (DHCS).
- 4) Defines “opioid exposure” as including, but not limited to, ingestion, transdermal absorption, inhalation, or injection. Use of an opioid pursuant to a valid prescription would not constitute opioid exposure.
- 5) Requires each community college to, at all times, maintain unexpired doses of naloxone or any other opioid antagonist on its school site, and to ensure that at least two employees are aware of its location.
- 6) Replicates provisions in existing law related to school districts, COEs, or charter schools concerning naloxone or another opioid antagonist to apply to community colleges.

- 7) Requires each college campus, as defined, to, at all times, maintain unexpired doses of naloxone or any other opioid antagonist on its campus, and to ensure that at least two employees are aware of its location.
- 8) Defines “college campus” as a campus of the CSU, the UC, an independent institution of higher education, or a private postsecondary educational institution.
- 9) Requires each stadium, concert venue, and amusement park to, at all times, maintain unexpired doses of naloxone or any other opioid antagonist on its premises, and to ensure that at least two employees are aware of its location.

**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. (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 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:** According to the Senate Appropriations Committee:

- 1) By requiring K-12 schools and community colleges to maintain at least two doses of naloxone hydrochloride or another opioid antagonist on their campuses, this bill could result in ongoing Proposition 98 General Fund costs of approximately \$1.1 million each year. This estimate assumes a cost of \$47.50 per dose but could be less to the extent that doses are not used. Opioid reversal medication typically has a shelf life of two to three years.
- 2) Additionally, the Chancellor's Office indicates that community colleges may need to update their policies and procedures, including training on the location of naloxone and utilizing volunteers, resulting in up to \$329,000 in one-time General Fund costs statewide. To the extent that the Commission on State Mandates determines the bill's requirements to be a higher level of service, there could be cost pressures on the K-12 and community college block grants.
- 3) The Chancellor's Office estimates up to \$20,000 in ongoing General Fund costs for additional implementation guidance, support, and monitoring activities.

- 4) The UC indicates General Fund costs of \$4,000 to \$6,000 per campus to track the supply, expiration dates, usage, etc. of the medication which would require them to have a central point of contact for all of the ordering and data collection for campus facilities. The UC also indicates there would be unknown, but significant costs to train staff on administering the medication, including the training of staff at events, stadiums, and other venues.
- 5) The CSU indicates that the costs associated with this measure would be minor and absorbable since most campuses already contain the medication on site.

#### COMMENTS:

***Need for the bill.*** According to the author, “With the increased availability of fentanyl and other potent drugs, deaths linked to opioid overdoses are rising at alarming rates. To combat the ongoing opioid crisis, naloxone should be readily available in schools, amusement parks, stadiums, concert venues and other locations to significantly reduce opioid-related overdose deaths. Where current law makes it optional to use Narcan for emergency purposes, SB 234 will require that it is readily available. We should equip schools and other impacted places with the tools they need to save lives. No parent should worry that a successful emergency treatment isn’t available to help a victim survive an overdose.”

***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. This requirement is also contained in AB 19 (Patterson) of this Session which this Committee heard and passed earlier this year.

***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, provides 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; and
- 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.

According to the CDPH as of June 8, 2023, “CDPH currently has no plans to change the process of the Statewide Standing Order for Naloxone per the recent FDA authorization of OTC use. The FDA is approving OTC naloxone products on a case-by-case basis per a drug manufacturer application review process. Currently, Narcan nasal spray is approved for OTC use. However, other formulations and dosages of naloxone are still available only by prescription. While many entities that use the Standing Order distribute Narcan nasal spray, there are some that distribute other products and formulations such as intra-muscular naloxone. Therefore, the Standing Order and the NDP still serve a critical role in the distribution of naloxone to schools.”

***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 California Federation of Teachers, “The Centers for Disease Control and Prevention Wide-Ranging Online Data for Epidemiologic Research recorded a sharp spike in adolescent deaths from the approximate rate of 500 deaths per year from 2011- 2019 to 954 deaths in 2020 and 1,146 deaths in 2021. These findings speak to California’s opioid crisis and growing urgency of having naloxone available in locations frequently accessed by youth.

Naloxone provides the opportunity for medical personnel to intervene and potentially prevent overdoses from ending in death. States that have implemented naloxone distribution programs have seen significant reductions in overdose death rates and so its increased availability, through SB 234, makes our communities and schools safer, protects our youth, and reduces the impact of the opioid crisis.

In all segments of education, the CFT is committed to promoting high-quality education and to securing the conditions necessary to provide the best services to California's students. This legislation furthers this goal by making our schools a safer place to learn.”

***Related legislation.*** AB 19 (Patterson) of the 2023-24 Session would require 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.

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 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 461 (Ramos) of the 2023-24 Session would require the governing board of each community college district and the Trustees of the CSU to provide information about the use and location of fentanyl test strips as part of established campus orientations, to notify students of the presence and location of fentanyl test strips, and would require that each campus health center stock and distribute fentanyl test strips, as specified.

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



**REGISTERED SUPPORT / OPPOSITION:**

**Support**

Anti-recidivism Coalition  
Board of Registered Nursing  
California Alliance of Child and Family Services  
California Catholic Conference  
California District Attorneys Association  
California Federation of Teachers  
California Society of Addiction Medicine  
California Teachers Association  
City of Santa Monica  
Depression and Bipolar Support Alliance California  
Faculty Association of California Community Colleges  
Govern for California  
Initiate Justice Action  
Kern County Superintendent of Schools  
National Association of Social Workers, California Chapter  
Rancho Santiago Community College District  
Sister Warriors Freedom Coalition  
Steinberg Institute

**Opposition**

None on file

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