

SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2025-2026 Regular Session

AB 369 (Michelle Rodriguez)
Version: May 21, 2025
Hearing Date: June 17, 2025
Fiscal: No
Urgency: No
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SUBJECT

Emergency services: liability

DIGEST

This bill provides qualified immunity to those administering, in good faith, anti-seizure rescue medication at the scene of an emergency, as provided.

EXECUTIVE SUMMARY

There are tens of thousands of children diagnosed with seizures, a seizure disorder, or epilepsy in California. Their seizures are often unpredictable and can quickly become medical emergencies.

In 2022, AB 1810 (Levine, Ch. 906, Stats. 2022) authorized a local educational agency (LEA), upon receipt of a request from the parent or guardian of a pupil diagnosed with seizures, a seizure disorder, or epilepsy to designate volunteers at the school to receive training regarding the emergency use of anti-seizure medication. School nurses or, if none, a trained volunteer, are authorized to administer emergency anti-seizure medication to a diagnosed pupil if the pupil is suffering from a seizure. LEAs must provide written assurance that each trained employee who volunteers will be provided defense and indemnification for any and all civil liability. A trained person who, in good faith and not for compensation, administers emergency anti-seizure medication in compliance with AB 1810 to a pupil who appears to be experiencing a seizure is shielded from professional review and is provided qualified immunity for attendant civil and criminal claims.

This bill extends nearly identical qualified immunity to a person that administers such medication outside of a school site. This bill is sponsored by UCB. It is supported by the California Neurology Society and Neurelis, Inc. No timely opposition has been received by the Committee.

PROPOSED CHANGES TO THE LAW

Existing law:

- 1) Provides that every person is responsible, not only for the result of their willful acts, but also for an injury occasioned to another by the person's want of ordinary care or skill in the management of their property or person, except so far as the latter has, willfully or by want of ordinary care, brought the injury upon themselves. (Civ. Code § 1714(a).)
- 2) Provides that no person who, in good faith, and not for compensation, renders emergency medical or nonmedical care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered. This applies only to medical, law enforcement, and emergency personnel, as specified. (Health & Saf. Code § 1799.102(a).)
- 3) Extends to all other persons not covered by the above who are rendering medical or nonmedical care or other assistance in such situations immunity from civil damages resulting from any act or omission other than acts or omissions constituting gross negligence or willful or wanton misconduct. (Health & Saf. Code § 1799.102(b).)
- 4) Establishes the Seizure Safe Schools Act, whereby a trained person who administers emergency anti-seizure medication or other prescribed medication, as provided and in good faith and not for compensation, on a school site to a pupil diagnosed with seizures, a seizure disorder, or epilepsy who appears to be experiencing a seizure shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for the person's acts or omissions in administering the emergency anti-seizure medication. Such immunity does not extend to an act or omission that constitutes gross negligence or willful or wanton misconduct and does not affect the ability of a licensing board to take disciplinary action against a licensed health care professional for an act not specifically authorized. (Educ. Code § 49468 et seq.)

This bill:

- 1) Provides that, notwithstanding any other law, a person not otherwise licensed to administer anti-seizure rescue medication, but who administers such medication at the scene of an emergency, in good faith and not for compensation, to a person who is experiencing, or is suspected of experiencing, a seizure shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration so long as the person's conduct is not grossly negligent and does not constitute willful or wanton misconduct.

- 2) Clarifies that it does not apply to administration of anti-seizure rescue medication to a pupil on a school site which shall, instead, comply with the Seizure Safe Schools Act.

COMMENTS

1. Civil liability and immunity

As a general rule, California law provides that persons are responsible, not only for the result of their willful acts, but also for an injury occasioned to another by their want of ordinary care or skill in the management of their property or person, except so far as the latter has, willfully or by want of ordinary care, brought the injury upon themselves. (Civ. Code § 1714(a).) Liability has the primary effect of ensuring that some measure of recourse exists for those persons injured by the negligent or willful acts of others; the risk of that liability has the primary effect of ensuring parties act reasonably to avoid harm to those to whom they owe a duty.

Conversely, immunity from liability disincentivizes careful planning and acting on the part of individuals and entities. When one enjoys immunity from civil liability, they are relieved of the responsibility to act with due regard and an appropriate level of care in the conduct of their activities. Immunity provisions are also disfavored because they, by their nature, preclude parties from recovering when they are injured, and force injured parties to absorb losses for which they are not responsible. Liability acts not only to allow a victim to be made whole, but to encourage appropriate compliance with legal requirements.

Although immunity provisions are rarely preferable, the Legislature has, in limited scenarios, approved measured immunity from liability (as opposed to blanket immunities) to promote other policy goals that could benefit the public. Immunities are generally afforded when needed to ensure the willingness of individuals to continue taking on certain roles that may involve some risk and to incentivize certain conduct, such as the provision of life-saving or other critical services. Examples include protections for use of CPR (Civ. Code § 1714.2); use of an automated external defibrillator (Civ. Code § 1714.21); providing emergency care at the scene of an emergency (Health & Saf. Code §§ 1799.102, 1799.106); and performing emergency rescue services (Health & Saf. Code § 1799.107). However, as indicated above, rarely is immunity absolute, and these immunities generally do not cover grossly negligent conduct or intentional misconduct.

2. Emergency care for epilepsy and seizure disorders

According to the Mayo Clinic:

Epilepsy – also known as a seizure disorder – is a brain condition that causes recurring seizures. There are many types of epilepsy. In some people, the cause can be identified. In others, the cause is not known.

Epilepsy is common. It's estimated that 1.2% of people in the United States have active epilepsy, according to the Centers for Disease Control and Prevention. Epilepsy affects people of all genders, races, ethnic backgrounds and ages.

Seizure symptoms can vary widely. Some people may lose awareness during a seizure while others don't. Some people stare blankly for a few seconds during a seizure. Others may repeatedly twitch their arms or legs, movements known as convulsions.

Having a single seizure doesn't mean you have epilepsy. Epilepsy is diagnosed if you've had at least two unprovoked seizures at least 24 hours apart. Unprovoked seizures don't have a clear cause.

Treatment with medicines or sometimes surgery can control seizures for most people with epilepsy. Some people require lifelong treatment. For others, seizures go away. Some children with epilepsy may outgrow the condition with age.¹

The CDC reports that about one in ten people may have a seizure in their lifetime, but that most seizures usually do not require emergency medical attention.² This bill addresses situation when they do.

Building off of AB 1810, this bill provides immunity to a person not otherwise licensed to administer anti-seizure rescue medication, but who administers such medication at the scene of an emergency, in good faith and not for compensation, to a person who is experiencing, or is suspected of experiencing, a seizure. This shields the individual from being subject to professional review, being liable in a civil action, or being subject to criminal prosecution for this administration so long as the person's conduct is not grossly negligent and does not constitute willful or wanton misconduct. The bill specifically exempts such administration on school sites, clarifying that the Seizure Safe Schools Act applies in such situations.

¹ *Epilepsy: Overview* (October 14, 2023) Mayo Clinic, <https://www.mayoclinic.org/diseases-conditions/epilepsy/symptoms-causes/syc-20350093>. All internet citations are current as of June 4, 2025.

² *First Aid for Seizures* (May 15, 2024) CDC, <https://www.cdc.gov/epilepsy/first-aid-for-seizures/index.html>.

It should be noted that the existing Good Samaritan statute already provides a level of qualified immunity in such situations.

According to the author:

The U.S Food and Drug Administration (FDA) has approved new rescue medications for acute treatment of seizures outside of a healthcare setting and can be administered by laypersons (people who are not healthcare professionals). This medication is meant to be used to prevent seizure emergencies, either by stopping a prolonged seizure or stopping a seizure cluster.

Because there is no current statutory authorization for anti-seizure rescue products to be administered by lay staff in non-healthcare settings, individuals who are prescribed and carry these medications have been turned away from certain programs, including adult day programs.

Staff at adult day and other community-based programs may assist clients with self-administered prescription and nonprescription medications. However, they may not administer medication unless statutorily authorized to do so.

While this issue was originally raised from the perspective of community-based programs, the FDA has approved nasal rescue medications for the acute treatment of seizure clusters in patients with epilepsy 6 years of age and older. For that reason, this bill goes beyond community-based programs to remove liability for anyone who administers these types of medications in order to capture additional settings.

UCB, the sponsor of the bill, writes in support: "This measure is crucial as it removes barriers to the administration of emergency rescue medications for individuals with a history of seizure disorders. AB 369 authorizes non-licensed healthcare professionals to administer rescue medications during seizure emergencies, ensuring timely and potentially lifesaving intervention."

SUPPORT

UCB (sponsor)
California Neurology Society
Civil Justice Association of California
Neurelis, Inc.

OPPOSITION

None received

RELATED LEGISLATION

Pending Legislation: SB 466 (Caballero, 2025) provides total immunity from liability to a public water system in a civil case brought by non-governmental entities or individuals harmed by the water system's acts or failure to act related to hexavalent chromium in drinking water during specified time periods. SB 466 is currently in the Assembly Environmental Safety and Toxic Materials Committee.

AB 1172 (Nguyen, 2025) authorizes individuals with developmental disabilities to receive emergency seizure medication by creating a training pathway for employees of licensed facilities that choose to volunteer to administer the medication. It provides qualified immunity to volunteers who so administer the medication. AB 1172 is currently pending referral in the Senate.

Prior Legislation:

SB 234 (Portantino, Ch. 596, Stats. 2023) requires public schools, institutions of higher education, stadiums, concert venues, and amusement parks to maintain unexpired doses of naloxone hydrochloride or another opioid antagonist on its premises and provides qualified immunity to those administering such opioid antagonists and to medical professionals for prescribing it.

AB 1166 (Bains, Ch. 97, Stats. 2023) extended qualified immunity to a person who, in good faith, and not for compensation, renders emergency treatment at the scene of an opioid overdose or suspected opioid overdose by administering an opioid antagonist.

AB 1810 (Levine, Ch. 906, Stats. 2022) *See* Executive Summary.

AB 635 (Ammiano, Ch. 707, Stats. 2013) afforded qualified immunity from civil liability, criminal prosecution, or professional review to licensed health care providers who issue prescriptions or standing orders, as specified; and immunity from civil action or criminal prosecution, or professional review, to any persons who possess or distribute naloxone pursuant to a prescription or standing order, or acting with reasonable care in administering naloxone, as specified.

PRIOR VOTES:

Assembly Floor (Ayes 75, Noes 0)
Assembly Judiciary Committee (Ayes 12, Noes 0)
