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AB-1172 Adult day programs: administration of intranasal emergency antiseizure medications. (2025-2026)

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Assembly Bill No. 1172

CHAPTER 448

An act to add Article 2.6 (commencing with Section 1528) to Chapter 3 of Division 2 of the Health and Safety Code, relating to health and care facilities.

[Approved by Governor October 07, 2025. Filed with Secretary of State October 07, 2025.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1172, Nguyen. Adult day programs: administration of intranasal emergency antiseizure medications.

Existing law, the California Community Care Facilities Act, provides for the licensing and regulation of community care facilities by the State Department of Social Services, including adult day programs and residential facilities. A violation of provisions relating to these facilities is a misdemeanor.

This bill would authorize a licensed facility or licensee, as defined, upon receipt of a request from a client, or the authorized representative of a client, who has been diagnosed with seizures, a seizure disorder, or epilepsy and who has been prescribed intranasal emergency antiseizure medication, to allow an administrator or authorized volunteer, as defined, to administer intranasal emergency antiseizure medication to the client during a seizure emergency. The bill would require the department, on or before January 1, 2028, to establish minimum standards for this training, as specified. The bill would prohibit intranasal emergency antiseizure medication from being administered to a client unless the licensee has a seizure action plan for the client that contains specified information, including, among other things, a signed written authorization verifying that a seizure experienced by the client may be responded to at the licensee by a nonmedical professional, including through the administration of emergency antiseizure medication, as specified. The bill would require licensees to maintain with the client's seizure action plan a description of how the licensee will coordinate care for a client in the absence of an administrator or authorized volunteer and what actions will be taken to ensure the continued safety of the client. The bill would require licensed facilities to provide a specified notice to all administrators and authorized volunteers that, among other things, informs them of their right to rescind an offer to volunteer at any time, as specified, and explains the liability protections and indemnification requirements described below. The bill would require any licensee that authorizes administrators or authorized volunteers to ensure that each administrator or authorized volunteer will be provided defense and indemnification for any and all civil liability, as specified. The bill would prohibit an administrator or authorized volunteer who administers intranasal emergency antiseizure medication, any person who provides training to an administrator or authorized volunteer, or any person who otherwise complies with the requirements of the above-described provisions, in good faith and not for compensation, from being subject to professional review, civil liability, or criminal prosecution for their actions or omissions, or the actions or omissions of a volunteer, as specified. By expanding the scope of an existing crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Article 2.6 (commencing with Section 1528) is added to Chapter 3 of Division 2 of the Health and Safety Code, to read:

Article 2.6. Seizure Emergency Response

1528. (a) This article shall be known, and may be cited, as the Seizure Emergency Response Act.

(b) For purposes of this article, the following definitions shall apply:

(1) "Administrator" has the same meaning as defined in Sections 80001 and 82001 of Title 22 of the California Code of Regulations, as applicable to the licensed facility type.

(2) "Authorized representative" has the same meaning as defined in Sections 80001 and 82001 of Title 22 of the California Code of Regulations, as applicable to the licensed facility type.

(3) "Authorized volunteer" means an employee of a licensee who has volunteered to administer intranasal emergency antiseizure medication, has been authorized by the licensee pursuant to Section 1528.1, and has received the training described in Section 1528.2.

(4) "Health Care Provider" means a health care professional licensed pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, including, but not limited to, physicians and surgeons, physician assistants, nurses, and nurse practitioners operating within their scope of practice.

(5) "Licensed facility" or "licensee" means either of the following:

(A) An adult residential facility, as defined in of Section 1502.

(B) An adult day program, as defined in Section 1502.

(6) "Seizure action plan" means a written, individualized health plan developed by the client or their authorized representative in consultation with a health care provider that is designed to prepare for, and respond to, the health care needs of a client diagnosed with seizures, a seizure disorder, or epilepsy who has been prescribed intranasal emergency antiseizure medication.

1528.1. (a) If a client diagnosed with seizures, a seizure disorder, or epilepsy has been prescribed intranasal emergency antiseizure medication by their health care provider, a licensee may, upon receipt of a request from the client or client's authorized representative, allow an administrator or authorized volunteer to administer intranasal emergency antiseizure medication to the client during a seizure emergency.

(b) (1) An administrator or authorized volunteer may administer intranasal emergency antiseizure medication in accordance with this article to a client diagnosed with seizures, a seizure disorder, or epilepsy if the client is suffering from a seizure, as outlined in the client's seizure action plan.

(2) An administrator or authorized volunteer shall not administer intranasal emergency antiseizure medication unless they have received the training described in Section 1528.2.

(3) Intranasal emergency antiseizure medication shall not be administered to a client unless the licensee has a seizure action plan for the client pursuant to Section 1528.3.

(c) An administrator or authorized volunteer may rescind their offer to administer intranasal emergency antiseizure medication at any time, including after receiving training, without penalty or retaliation.

(d) A licensee shall adopt policies to implement this article that, among other things, ensure that any administration of intranasal emergency antiseizure medication pursuant to this article complies with the conditions specified in a client's seizure action plan.

1528.2. (a) On or before January 1, 2028, the State Department of Social Services shall, in consultation with organizations and providers with expertise in epilepsy, administering emergency antiseizure medication, and administering medication in a school environment, including, but not limited to, the Epilepsy Foundation, Epilepsy Foundations in California, and the California Medical Association, adopt minimum training standards for recognizing and responding to seizures, including administering intranasal emergency antiseizure medication, and identify appropriate entities to provide training. These standards may align with the

training requirements described in Article 4.6 (commencing with Section 49468) of Chapter 9 of Part 27 of Division 4 of Title 2 of the Education Code when appropriate to the setting, age, and ability of clients and participants described in this article.

(b) The training standards adopted pursuant to this section shall include all of the following:

- (1) Recognition of the signs and symptoms of seizures and the appropriate steps to be taken to respond to those symptoms.
- (2) Administering, or assisting with the self-administration of, an intranasal emergency antiseizure medication.
- (3) Basic emergency follow up procedures.
- (4) Written materials covering the information required under this subdivision.

(c) Licensees and regional centers shall retain, for reference, the written materials prepared pursuant to this section in a readily available manner in a central administrative location.

(d) (1) Training shall be provided to administrators and authorized volunteers at no cost to the administrator or authorized volunteer and during their regular working hours.

(2) Documentation of training for each administrator and authorized volunteer shall be retained in accordance with the requirements of Section 80066 of Title 22 of the California Code of Regulations for adult residential facilities and Section 82066 of Title 22 of the California Code of Regulations for adult day programs.

(e) Licensees shall provide a notice to administrators and authorized volunteers that informs them of their right to rescind an offer to volunteer at any time, including after receiving training, without penalty or retaliation. The notice shall include an explanation of the liability protections and indemnification requirements described in Section 1528.4 and state that there will be no retaliation against them for rescinding their offer to volunteer.

(f) If there are no administrators or authorized volunteers at the licensed facility able to administer intranasal emergency antiseizure medication, the facility shall notify the requesting client, the client's authorized representative, or, if applicable, the client's regional center service coordinator, to coordinate care for the client.

1528.3. (a) Before administering intranasal emergency antiseizure medication prescribed to treat seizures in a client diagnosed with seizures, a seizure disorder, or epilepsy, the licensee shall be in receipt of a seizure action plan approved by the client or the client's authorized representative that includes all of the following:

(1) A written authorization signed by the client, or if applicable, the client's authorized representative, verifying that a seizure experienced by the client may be responded to at the licensed facility by a nonmedical professional who has received training pursuant to Section 1528.2, including through the administration of emergency antiseizure medication prescribed to the client. The authorization shall be effective for the calendar year in which it is granted and shall be renewed each calendar year, unless needed sooner.

(2) A copy of a written statement from the client's health care provider that includes all of the following information:

- (A) The client's name.
- (B) The name and purpose of the medication.
- (C) The prescribed dosage.
- (D) The method of administration.
- (E) The frequency with which the medication may be administered.
- (F) Detailed seizure symptoms, including frequency, type, or length of seizures, that identify when the administration of an intranasal emergency antiseizure medication becomes necessary.
- (G) The circumstances under which the medication may be administered.
- (H) Any potential adverse responses by the client and recommended mitigation actions, including when to call emergency services, including the emergency 911 telephone number.
- (I) Protocols for observing and caring for the client after a seizure and after the administration of intranasal emergency antiseizure medication, including, but not limited to, both of the following:
 - (i) Whether the client should rest in a specific area or return to regular activities.

(ii) The length of time the client should be under direct observation.

(3) Clear instructions on how and where the intranasal emergency antiseizure medication should be stored at the licensed facility.

(b) The administrator or their designee shall document and maintain a copy of the client's seizure action plan in compliance with all applicable state and federal privacy laws.

(c) The licensee shall maintain with the client's seizure action plan a description of how the licensee will coordinate care for the client in the absence of an administrator or authorized volunteer and what actions will be taken to ensure the continued safety of the client.

(d) The licensee shall maintain the client's seizure action plan and the description required by subdivision (c) in accordance with the requirements of Section 80070 of Title 22 of the California Code of Regulations for adult residential facilities and Section 82070 of Title 22 of the California Code of Regulations for adult day programs.

(e) If an administrator or authorized volunteer administers intranasal emergency antiseizure medication pursuant to this article, the administrator or their designee shall maintain a record of each dose administered in a manner consistent with the documentation of medications provided to a client for self-administration in accordance with Title 22 of the California Code of Regulations.

(f) Intranasal emergency antiseizure medication prescribed for the client shall be provided to the licensee with the label affixed by the dispensing pharmacy intact.

1528.4. (a) Any licensee that allows administrators or authorized volunteers to administer intranasal emergency antiseizure medication pursuant to this article shall ensure that each administrator or authorized volunteer will be provided defense and indemnification for any and all civil liability, in accordance with, but not limited to, the provisions of Division 3.6 (commencing with Section 810) of Title 1 of the Government Code. This information shall be reduced to writing, provided to the administrator or authorized volunteer, and retained in the administrator or authorized volunteer's personnel file.

(b) (1) Notwithstanding any other law, except as provided in paragraph (2), an administrator or a volunteer who administers intranasal emergency antiseizure medication in compliance with this article, any person who provides training to an administrator or authorized volunteer pursuant to this article, or any person who otherwise complies with the requirements of this article, in good faith and not for compensation, shall not be subject to professional review, civil liability, or criminal prosecution for their actions or omissions, or the actions or omissions of a volunteer.

(2) The protections specified in paragraph (1) and subdivision (a) shall not affect any of the following:

(A) A person's liability for an act or omission that constitutes gross negligence or willful or wanton misconduct.

(B) A person's culpability for an act that constitutes a crime.

(C) The ability of a licensing board to take disciplinary action against a licensed healthcare professional for an act not specifically authorized by this article.

(D) The application of Section 1799.102.

(3) An administrator or authorized volunteer who volunteers to administer intranasal emergency antiseizure medication pursuant to this article shall not be deemed to be providing intranasal emergency medical care for compensation, notwithstanding the fact that the administrator or authorized volunteer is a paid staff member of the facility.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.