SENATE COMMITTEE ON LABOR, PUBLIC EMPLOYMENT AND RETIREMENT
Senator Lola Smallwood-Cuevas, Chair
2025 - 2026 Regular

Bill No:	AB 2150	**Hearing Date:**	July 1, 2026
Author:	Haney		
Version:	June 25, 2026		
Urgency:	No	**Fiscal:**	Yes
Consultant:	Alma Perez-Schwab		

SUBJECT: Employment: training requirements: opioid overdose reversals

KEY ISSUES

This bill 1) requires any employer operating in this state that requires cardiopulmonary resuscitation (CPR) certification training of its employees to also require those employees to take a separate online video module training on the use of naloxone, approved by the Emergency Medical Services Authority to increase the rate of opioid overdose reversals; and 2) requires the Division of Occupational Safety and Health to enforce this training requirement.

ANALYSIS

Existing law:

1) Under the California Occupational Safety and Health Act, protects workers on the job by authorizing the enforcement of effective standards in addition to requiring employers to:
   a. Furnish employment and a place of employment that is safe and healthful for its employees.
   b. Furnish and use safety devices and safeguards, and to adopt and use practices, means, methods, operations, and processes, which are reasonably adequate to render employment and the place of employment safe and healthful.
   c. Do everything reasonably necessary to protect the life, safety, and health of employees. (Labor Code §6300)

2) Establishes the Division of Occupational Safety and Health (Cal/OSHA) within the Department of Industrial Relations (DIR) to, among other things, propose, administer, and enforce occupational safety and health standards. (Labor Code §6300 et seq.)

3) Establishes the Occupational Safety and Health Standards Board, within DIR, to promote, adopt, and maintain reasonable and enforceable standards that will ensure a safe and healthful workplace for workers. (Labor Code §140-147.6)

4) Establishes within the Health and Welfare Agency the Emergency Medical Services Authority (EMSA), which is responsible for the coordination and integration of all state activities concerning emergency medical services. (Health and Safety Code §1797.100)

5) Requires Cal/OSHA, before December 1, 2027, to submit a draft rulemaking proposal to revise Sections 1512 and 3400 of Title 8 of the California Code of Regulations to require first aid materials in a workplace to include naloxone hydrochloride or another opioid antagonist approved by the United States Food and Drug Administration to reverse opioid overdose and instructions for using the opioid antagonist. (Labor Code §6723)

6) Requires Cal/OSHA, in drafting the rulemaking proposal, to consider, and provide guidance to employers on, proper storage of the opioid antagonist in accordance with the manufacturer's instructions. (Labor Code §6723)

7) Requires the Occupational Safety and Health Standards Board to consider for adoption revised standards for the standards described in 4) above on or before December 1, 2028. (Labor Code §6723)

8) Provides that an individual who administers naloxone hydrochloride or another opioid antagonist approved by the United States Food and Drug Administration to reverse opioid overdose in a suspected opioid overdose emergency shall not be liable for civil damages as provided in Section 1799.113 of the Health and Safety Code if the conditions in that section are met. Furthermore, provides that an individual who is licensed as part of a local emergency medical services agency shall not be held responsible for administering nasal naloxone hydrochloride or another opioid approved antagonist to reverse opioid overdose, regardless of whether the individual was certified for that activity, unless the individual was acting as a paid first responder at the time of the action. (Labor Code §6723)

This bill:

1) Requires any employer operating in this state that requires cardiopulmonary resuscitation (CPR) certification training of its employees to also require those employees to take an online video module training on the use of naloxone approved by the Emergency Medical Services Authority, as specified, to increase the rate of opioid overdose reversals.

2) Requires that each employer pay for the costs of the training and ensure that it is separate from the existing CPR-training curriculum.

3) Requires the Emergency Medical Services Authority to review and approve the online video module trainings to ensure that the training includes, at a minimum, all of the following:

    a. Recognition of the signs and symptoms of an opioid overdose.
    b. Appropriate response actions, including emergency procedures.
    c. Proper administration of naloxone or other opioid antagonists approved by the United States Food and Drug Administration.

4) Provides that the EMSA's role is limited to approving the training content for consistency with these minimum standards and shall not include administration, enforcement, or ongoing monitoring of employer compliance with these requirements.

5) Requires that Cal/OSHA enforce these training requirements in accordance with the division's existing authority.

6) Specifies that Cal/OSHA is not required to adopt new regulations or establish a new program to implement these provisions and that enforcement shall occur as part of the division's existing inspection and enforcement activities.

7) Provides that an employee who has completed CPR certification, first aid certification, or other training through a program that the EMSA determines includes training meeting or

exceeding the minimum standards included in this bill, shall be deemed to satisfy these requirements and the employer shall not be required to provide separate training to that employee, as specified.

8) Authorizes the EMSA to establish a process by which a training program, certifying body, or employer may seek a determination that an existing training meets or exceeds the minimum standards described in this bill and provides that nothing shall discourage or limit training that exceeds those minimum standards.

9) Specifies that the training required under these provisions is for educational and preparedness purposes only and does not create an independent duty, authorization, or expectation for any employee to administer naloxone.

10) Provides that nothing in these provisions shall be construed to expand, modify, or supersede any state or federal law, regulation, or licensing requirement governing scope of practice, medication administration, or delegation of clinical tasks, including, but not limited to, requirements applicable under Title 22 of the California Code of Regulations.

11) Provides that these provisions apply uniformly to all covered employers and that no employer classification, facility type, or program type shall be exempt from solely on the basis of existing clinical staffing levels or internal medication administration policies.

COMMENTS

1. Background:

Many people take prescription opioids, medications like oxycodone or fentanyl, to treat medical conditions, while others may use these opioids recreationally. Some opioid medications are especially potent which increases the likelihood of an unintentional overdose. Fentanyl, for example, is 50 to 100 times more potent than morphine.

According to Cal/OSHA's Opioid Hazard Alert, "fatalities due to unintentional overdoses have increased in the last several years; more than 100,000 people died of an overdose in the U.S. in 2022. Workplace overdoses are also on the rise. According to the US Department of Labor, Bureau of Labor Statistics, over 100 workplace deaths in California alone were due to unintentional overdose, accounting for 22% of all workplace fatalities occurring in California in 2022."[1]

Opioid overdoses are especially high among industries or occupations where there are elevated rates of injuries and those with access to opioids, such as law enforcement, emergency response, and healthcare. A Centers for Disease Control and Prevention analysis of 47,810 drug overdose deaths recorded in the National Occupational Mortality Surveillance system from 2007 to 2012 showed higher mortality rates for 6 occupational groupings: construction, extraction, food preparation and serving, health care practitioners and technicians, health care support, and personal care and service.[2]

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[1] https://www.dir.ca.gov/dosh/dosh_publications/Opioid-hazard-alert.pdf

[2] Harduar Morano L, Steege, AL, Luckhaupt, SE. Occupational patterns in unintentional and undetermined drug-involved and opioid-involved overdose deaths—United States, 2007–2012. MMWR Morb Mortal Wkly Rep. 2018;67(33):925–930.

Opioid overdose medications, such as naloxone (also known as Narcan), are available to immediately reverse the effects of an overdose, but only if they are administered in time. Naloxone is not harmful if it is given to a person who is not experiencing an opioid overdose. The Food and Drug Administration (FDA) has approved two forms of naloxone: a nasal spray and an injection. The nasal spray is available over-the-counter and does not require a prescription.

AB 1976 (Haney, Chapter 689, Statutes of 2024):
In an attempt to respond to the massive opioid crisis and abuse of fentanyl in California, the Legislature passed and the Governor signed, AB 1976 (Haney) last year requiring Cal/OSHA, on or before December 1, 2027, to submit a draft rulemaking proposal to revise existing standards on first aid materials to require all workplace first aid kits to include nasal spray naloxone hydrochloride or another approved opioid antagonist to reverse opioid overdose and include instructions for its use. This bill also required the Standards Board to consider adopting the revised standards on or before December 1, 2028.

This bill:
Building on the work started by the author with AB 1976, this bill would now require any employer operating in this state that requires CPR certification training of its employees to also require those employees to take a separate online video module training on the use of naloxone to increase the rate of opioid overdose reversals.

2. Need for this bill?

According to the author:

"This bill will enhance the bystander response rates by requiring employers whose employees must maintain CPR certification to also provide a brief opioid overdose response training module from the American Heart Association or the American Red Cross. Employers would be required to include this standalone opioid overdose prevention module alongside existing CPR-training procedures and would be responsible for covering the associated training costs. This will increase overall preparedness for overdoses occurring on and around work sites. This requirement will improve response times and lower the rates of preventable deaths and serious health consequences. Naloxone is a fast, safe, and effective overdose reversal medication that can restore breathing within 2-3 minutes. When administered promptly, it has been shown to reverse overdoses in 75-100% of cases."

3. Proponent Arguments:

According to one of the sponsors, the American Red Cross and the California Association of Alcohol and Drug Program Executives:

"California continues to face a growing opioid overdose epidemic, affecting communities of all backgrounds. Many of these overdoses are happening in locations where staff are already CPR-trained and where employers must have naloxone in workplace first aid kits. At the same time, the crisis is disproportionately happening across our state's youth populations, where CPR-certified staff are present. According to the CDPH, the rate of opioid overdose deaths among youth ages 10-19 increased by 407% between 2018 and 2020. Yet, there has been little effort to respond to this alarmingly high increase in overdose cases. Additionally, the CDC has found that 63% of opioid overdoses occur in public settings with more than

40% of these cases occurring where a bystander was nearby. To combat this crisis, providing naloxone training to public-facing staff members will save lives.

AB 2150 improves health outcomes, reduces emergency response wait times, and equips bystanders with ability to effectively assess overdose emergencies. With just a simple spray, this overdose reversal medication can restore breathing in just 2-3 minutes, enhancing overall health outcomes and ensuring Californians receive timely care when every second counts."

4. Opponent Arguments:

None received.

5. Prior/Related Legislation:

AB 1976 (Haney, Chapter 689, Statutes of 2024) discussed above.

AB 1915 (Arambula) of 2024 would have required the State Department of Public Health to develop an opioid overdose training program and program toolkit, as defined, to be made available to public high schools for public high school pupils to be trained on how to identify and respond to an opioid overdose, including by administering a federally approved opioid overdose reversal medication, as provided. *AB 1915 was held under submission in the Assembly Appropriations Committee.*

AB 1841 (Weber, Chapter 942, Statutes of 2024) requires that the California Community Colleges (CCCs) and the California State University (CSU) make federally approved opioid overdose reversal medication available on campuses and in affiliated housing and to train specified individuals in a position to quickly respond in emergencies.

SB 10 (Cortese, Chapter 856, Statutes of 2023) requires, among other things, a comprehensive school safety plan, and the school safety plan of a charter school, for a school serving pupils in any of grades 7 to 12, inclusive, to include the development of a protocol in the event a pupil is suffering or is reasonably believed to be suffering from an opioid overdose.

SB 234 (Portantino, Chapter 596, Statutes of 2023) requires stadiums, concert venues, and amusement parks to maintain unexpired doses of an opioid antagonist on its premises and ensure that at least two employees are aware of the location and provides indemnification, as specified.

SB 472 (Hurtado, 2023) would have required each public school to maintain at least two doses of naloxone hydrochloride on its campus. *SB 472 was held under submission in Senate Appropriations Committee.*

AB 19 (Jim Patterson, 2023) would have required each school that has elected to make a school nurse or trained personnel available to maintain at least two doses units of naloxone hydrochloride or another opioid antagonist on its campus. *AB 19 was held under submission in Senate Appropriations Committee.*

AB 24 (Haney, 2023), among other things, would have required a bar, gas station, public library, or residential hotel that receives an opioid antagonist kit from the California

Department of Public Health to place the kit in an area of the facility that is readily accessible only by employees. Additionally, the bill would have provided immunity from civil liability to a person or facility for providing, or not providing, aid with the kit. The bill would have also prohibited an employer from requiring or prohibiting its employees to render aid with a kit. *AB 24 was held under submission in Assembly Appropriations Committee.*

SB 367 (Hurtado, Chapter 218, Statutes of 2022) requires the governing board of each community college district and the Trustees of the California State University, in collaboration with campus-based and community-based recovery advocacy organizations, to additionally provide, as part of established campus orientations, educational and preventive information provided by the State Department of Public Health about opioid overdose and the use and location of opioid overdose reversal medication to students at all campuses of their respective segments.

SUPPORT

American National Red Cross (Co-Sponsor)
California Association of Alcohol and Drug Program Executives (Co-Sponsor)
California Behavioral Health Association
Drug Policy Alliance
Everyday Responder Project
GLIDE
Health Officers Association of California
Young People in Recovery

OPPOSITION

None received

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