Date of Hearing: April 28, 2025

ASSEMBLY COMMITTEE ON EMERGENCY MANAGEMENT
Rhodesia Ransom, Chair
AB 645 (Carrillo) – As Amended April 24, 2025

SUBJECT: Emergency medical services: dispatcher training

SUMMARY: Requires all public safety dispatchers to complete emergency medical dispatch (EMD) training that complies with minimum standards adopted by the Emergency Medical Services Authority (EMSA). Specifically, **this bill**:

1) Requires EMSA, by January 1, 2027, to develop and, after approval by the Commission, adopt minimum standards for EMD training.

2) Requires a public safety dispatcher or public safety telecommunicator to complete EMD training that complies with the minimum standards adopted by EMSA.

3) Defines, for purposes of this bill, "public safety dispatcher or public safety telecommunicator" to mean an individual employed by a public safety agency, as the initial first responder, whose primary responsibility is to receive, process, transmit, or dispatch emergency and nonemergency calls for fire or emergency medical services by telephone, radio, or other communication device, and includes an individual who promotes from this position and supervises individuals who perform these functions.

EXISTING LAW:

1) Establishes the Warren-911-Emergency Assistance Act, which requires every public agency to have in operation a telephone service which automatically connects a person dialing the digits "911" to an established public safety answering point. Defines public agency to include the state, any city or county, or any public district that provides or has authority to provide firefighting, police, ambulance, or other emergency services. Prohibits these provisions of law from prohibiting or discouraging the formation of multijurisdictional or regional systems. (Government Code Section 53100)

2) Requires every 911 system to include police, firefighting, and emergency medical and ambulance services. Requires every 911 system, in those areas in which a public safety agency provides ambulance emergency services, to include such public safety agencies. Permits 911 systems to incorporate private ambulance services. (Government Code Section 53110)

3) Establishes the 11-member State 911 Advisory Board, comprised of the Chief of the Public Safety Communications Division, representatives from the California Highway Patrol, California Police Chiefs Association, California State Sheriffs' Association, and the California Fire Chiefs Association among others. Requires board members to have at least two years of experience as a Public Safety Answering Point (PSAP) manger or county coordinator. Requires the Board to advise on various subjects, including training standards for county coordinators and PSAP managers. (Government Code Sections 53115.1-53115.2)

4) Establishes the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (EMS Act) to provide for a statewide system for emergency medical services (EMS), and establishes EMSA, which is responsible for the coordination and integration of all state activities concerning EMS, including the establishment of minimum standards, policies, and procedures. (Health and Safety Code Section 1797)

5) Requires a public safety agency implementing an EMD program to be subject to the review and approval of the local EMS agency, and to perform "911" call processing services and operate the program in accordance with applicable state guidelines and regulations and the policies adopted by the local EMS agency. (Health and Safety Code Section 1797.223)

6) Establishes the 19-member Commission on Emergency Medical Services (Commission), within the California Health and Human Services Agency (HHSA). Defines the duties of the Commission to include reviewing regulations, standards, and guidelines developed by EMSA; advising EMSA on a data collection system; advising on emergency facilities and services, emergency communications, medical equipment, personnel training, and various aspects of the EMS system; and, to make recommendations for further development of the EMS system. (Health and Safety Code Section 1799.50)

FISCAL EFFECT: Unknown. This bill has not been analyzed by a fiscal committee.

COMMENTS:

Purpose of the bill: According to the author, "Public safety dispatchers play a critical role in emergency response, yet there is no statewide requirement ensuring they are equipped with the training necessary to provide life-saving guidance during medical emergencies. AB 645 addresses this gap by requiring emergency medical dispatch (EMD) training for dispatchers, ensuring they can deliver effective pre-arrival instructions and allocate appropriate resources. In emergencies like cardiac arrest or choking—especially in rural areas where response times are longer—trained dispatchers can make the difference between life and death. According to the American Heart Association, immediate CPR can double or triple survival rates. EMD protocols also improve dispatchers' ability to assess medical situations accurately, ensuring resources are deployed efficiently. By establishing statewide training standards, this bill improves emergency response, reduces strain on emergency medical services, and aligns California with 18 other states that mandate EMD certification."

Equity impact: According to the author's office, "This bill addresses disparities in emergency response in rural vs urban areas. While this bill is intended to help all jurisdictions, we expect it to have the largest positive impact on rural areas, which are less likely than urban areas to already require EMD training for 9-1-1 dispatchers and where it takes longer for emergency responders to arrive to the scene."

The Emergency Medical Services Authority (EMSA): EMSA is charged with providing leadership in developing and implementing EMS systems throughout California and setting standards for the training and scope of practice of various levels of EMS personnel. The EMS Authority also has responsibility for promoting disaster medical preparedness throughout the state, and, when required, coordinating and supporting the state's medical response to major disasters. According to EMSA, emergency and disaster medical services in California are rooted

in the skills and commitment of the first responders, EMTs, nurses, physicians, and administrators who deliver care to the public and operate the system.

In California, day-to-day EMS system management is the responsibility of the local and regional EMS agencies. It is principally through these agencies that the EMS Authority works to promote quality EMS services statewide. EMS Authority staff also work closely with many local, state and federal agencies and private enterprises with emergency and/or disaster medical services roles and responsibilities.

Local EMS Agencies (LEMSAs): California's EMS Act authorizes each county to develop an EMS program and to designate a LEMSA that oversees the delivery of EMS within that geographic area. This level of governance allows for local control of emergency medical services that is desirable in a state as large and diverse as California. Essential functions performed by local EMS agencies include, among other things: planning, implementing, evaluating, and continually improving local EMS systems including prehospital services and relevant hospital services such as trauma and pediatrics; collaborating with other health officials to ensure a unified, coordinated approach in the delivery of health care; carrying out regulations relative to EMS systems; certifying, accrediting, and authorizing EMS field personnel; developing medical treatment protocols and policies for local EMS service providers (EMTs, paramedics, dispatchers); and designating trauma centers and other specialty care centers.

According to EMSA, “All 33 LEMSAs (single county or multi county regions) have developed an EMS system and plan, implement, and evaluate their EMS systems in accordance with HSC 1797.204. The LEMSAs submit their EMS plans to the Authority for approval. The LEMSAs, upon request, evaluate cities and fire districts for compliance with HSC 1797.201, and create exclusive operating areas pursuant to HSC 1797.224 where applicable. The procedures and provisions for carrying out the responsibilities noted above have been specified in state guidelines and county policies and procedures, and adhered to voluntarily over the years.

The Warren 911 Act: The Warren 911 Act authorizes cities and counties to form contracts regulating the implementation of a 911 system. The basic structure of the 911 system is designed to ensure that when a person dials 911, a law enforcement agency serving as a primary PSAP receives 911 requests from the area where the person is calling. If a 911 caller requests emergency medical assistance, the primary PSAP may retain the caller if it directly provides EMS dispatch, or may transfer the caller to a secondary PSAP for emergency medical response. The medical secondary PSAP can be a public agency, public/private partnership, or private EMS provider designated or recognized by the LEMSA as serving the entire EMS area or portion of the EMS area.

Dispatchers: There are approximately/over 6,000 911 dispatchers in California. In more urban areas, 911 dispatcher services are usually divided, with police departments having their own dispatch center, and fire and EMS departments having another. In more rural areas with dispersed populations, emergency dispatch services tend to be unified under a centralized public communication center. The Commission on Peace Officer Standards and Training certifies a Public Safety Dispatchers’ Basic Course, which is the entry-level training requirement for dispatchers employed as law enforcement focused dispatchers.

Emergency Medical Services Dispatcher Standards: EMSA is currently developing standards for EMD training and for the provision of pre-arrival emergency care instructions (emergency medical care advice given over the telephone by EMDs to persons at the scene of a medical emergency for the provision of emergency care until qualified prehospital medical care personnel arrive at the scene and take over care of the patient). EMSA is also working with experts to evaluate the status of EMS communications systems in California and to develop a state plan for EMS communications systems.

Similar standard in other states: The author's staff identified 18 other states that require EMD training for 911 dispatchers: Vermont, Indiana, New Hampshire, South Dakota, Utah, Ohio, Wisconsin, West Virginia, Illinois, Rhode Island, Maine, Delaware, Wyoming, Oregon, Connecticut, Pennsylvania, Michigan, and Maryland. For example, in Indiana, SB 158 (2022) required local municipalities to establish public safety telecommunicator training procedures for PSAP by Dec. 31, 2023. The minimum basic training program requirements include a 40-hour telecommunicator course, emergency medical, police and fire dispatch protocol training and a telecommunicator cardiopulmonary resuscitation (T-CPR) course if not provided in dispatch training.

Committee staff comments: Committee staff is aware of ongoing discussions between the author's staff and advocates for dispatchers, ambulance providers, and emergency medical services. It is committee staff's understanding that there is a consensus among parties to balance the need for local authority over EMS operations in each local system and the apparent benefit of EMSA developing a model or best practices guidance for training fire and emergency medical service dispatchers on priority calls.

Arguments in support: The California Ambulance Association writes, "Public safety dispatchers serve as the first point of contact for individuals in crisis. They are responsible for answering emergency calls, assessing the nature and urgency of the situation, and quickly dispatching the appropriate medical, fire, or police personnel. While the current system is effective, two key challenges arise in medical emergencies: 1) Time is critical. In life-threatening situations such as cardiac arrest or choking, immediate intervention is crucial. According to the American Heart Association (AHA), only 46% of individuals experiencing cardiac arrest receive bystander CPR before emergency responders arrive, significantly reducing their chances of survival and 2) Efficient resource allocation is essential. Dispatchers must quickly determine the severity of a medical emergency and send the appropriate type and level of response. Without standardized medical protocols, there is a higher risk of under- or over-allocating emergency resources, which can strain emergency medical services and delay care for those in need. AB 645 addresses both challenges by requiring EMD training for all public safety dispatchers."

Arguments in opposition: The California Chapter of the National Emergency Number Association (CALNENA) writes, "we remain concerned about statutory direction that establishes a statewide framework for EMD training for dispatch centers that are processing EMS calls. Decisions about appropriate first response services are best determined at the local level, according the unique structure and arrangement of first responders within their own communities and commensurate with the jurisdictions and responsibilities of responding agencies (sheriff, police, CHP, fire, EMS, JPAs, etc) and the way they partner to provide emergency response. Finally, there are multiple standards for EMD certification, including for profit private models. More consideration should be given to which of these models could/should be used to appropriately train dispatchers if this bill were to move forward. Given the timeline in the

legislative process, we have not yet had a dialogue with the bill sponsors. We are interested in engaging with them as to the reason why they believe this policy needed to be addressed on a statewide basis, and we reserve the right to update/improve/expand on our policy position on this measure pursuant to those conversations."

Double referral: This bill passed the Assembly Committee on Health on April 22, 2025 by a 13-0-3 vote.

REGISTERED SUPPORT / OPPOSITION:

Support

California Ambulance Association (sponsor)
Ambuserve
Amwest Ambulance
City Ambulance of Eureka
Lifewest Ambulance
Medic Ambulance
Norcal Ambulance
Sierra Emergency Medical Services Alliance

Opposition

California Chapter of the National Emergency Number Association (CALNENA)

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