

Date of Hearing: March 24, 2026

ASSEMBLY COMMITTEE ON HEALTH  
Mia Bonta, Chair  
AB 1639 (Davies) – As Introduced January 26, 2026

**SUBJECT:** California Drowning Prevention and Rescue Act.

**SUMMARY:** Adds cardiopulmonary resuscitation (CPR) instruction in both ventilation and chest compressions for calls that involve a drowning victim to existing law taking effect in 2027 which requires a public safety agency providing 911 call processing services for emergency medical response to provide prearrival medical instructions to 911 callers. Requires the Emergency Medical Services Authority (EMSA), on or before June 30, 2028 to submit a report to the Commission on Emergency Medical Services (the Commission) and the Legislature on California's lifeguard workforce. Specifically, **this bill:**

- 1) States that the goals of the report include all of the following:
  - a) To begin the process of the development of a state lifeguard plan with the goal to bring uniformity and a recognized professionalism and value to lifeguards in California;
  - b) To bring California's lifeguard workforce up to the level of development, personnel oversight, reporting of personnel characteristics, and appropriate discipline framework that acknowledges the lifesaving importance of this water safety and drowning prevention workforce; and,
  - c) To elevate the value of the lifeguard workforce needed to maintain the level of the lifeguard workforce to help California achieve its water safety and drowning prevention goals of where drowning is a rare occurrence rather than a common occurrence and when a drowning incident occurs, the victim has the best chance of a full recovery.
- 2) Requires the report to include all of the following information:
  - a) The number of certified lifeguards in California;
  - b) The lifeguard certification levels within California's lifeguard workforce;
  - c) Where lifeguards work regarding the settings they work in or are stationed at, and what percentage of lifeguards work at ocean beaches, lakes, rivers, or public or private pools, or are stationed at or embedded in fire departments or other emergency services entities;
  - d) How lifeguards are trained and what level of training is required for the various types of settings lifeguards work in;
  - e) The recertification requirements for lifeguards;
  - f) The average pay range and benefits provided for the several types and levels of lifeguards;
  - g) The genders, ethnicities, and ages of California's lifeguards;

- h) The types of entities that manage or oversee California's various lifeguards;
  - i) The types of entities that provide certification or licensing training for lifeguards;
  - j) The oversight, review, approval, and audits of the training entities training lifeguards in California;
  - k) The disciplinary oversight for California's lifeguard workforce for breadth of duty, certification responsibilities, and illegal activities while on duty or off duty; and,
  - l) The number of lifeguards who have lost their certifications as disciplinary action for an offense.
- 3) Requires the first report to also include information on all of the following:
- a) How California's lifeguards fit into California's emergency medical services (EMS) system;
  - b) Whether there is a relationship between EMSA or the local EMS agencies and California's Lifeguard workforce;
  - c) Suggestions on what would need to take place to integrate California's lifeguards workforce, training, and discipline system into California's emergency medical services system as a means to help improve the uniformity and strength of the state's lifeguard workforce, including recommendations on how the lifeguard workforce and training programs could be supported by EMSA, such as the authority advancing California's Emergency Medical Technicians (EMT), Advanced Emergency Medical Technicians (AEMT), paramedics, community paramedics, and other components of EMS and workforce.
- 4) Requires the Department of Public Health (DPH), in coordination with other California health and emergency services and education entities, to review and update the state's public communications efforts to ensure everyone in California is educated about the importance of CPR knowledge and how to obtain CPR training.
- 5) States that the goal of the public communications efforts specified in 4) above is to raise, by 2030, California's knowledge of CPR from the current estimated rate of 50% of the adult population with knowledge about CPR and 40% of the adult population percent being trained in how to administer CPR, to 80% with knowledge about CPR and 75% being trained in how to administer CPR.
- 6) Makes findings and declarations that providing CPR, as provided appropriately per CPR training, immediately for drowning, heart attack, electrocution, drug overdose, or traumatic injury victims is critical to achieving the most optimal outcome for victims, with CPR for drowning involving both chest compressions and emergency breathing or ventilation.

**EXISTING LAW:**

- 1) Establishes the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (EMS Act) to provide for a statewide system for 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 (HSC) § 1797, *et seq.*]

- 2) Authorizes counties to develop an EMS program and designate a local EMS agency (LEMSA) responsible for planning and implementing an EMS system, which includes day-to-day EMS system operations. [HSC § 1797.200, *et seq.*]
- 3) Requires every LEMSA to have a licensed physician as medical director, to assure medical accountability throughout the planning, implementation, and evaluation of the EMS system. Requires the medical direction and management of an EMS system to be under the medical control of the medical director. [HSC § 1797.202 and HSC § 1798]
- 4) 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 system. [Government Code § 53100, *et seq.*]
- 5) Requires, by January 1, 2027, a public safety agency that provides “911” call processing services for emergency medical response to provide pre-arrival medical instructions to 911 callers requiring medical assistance, including, but not limited to:
  - a) Airway and choking medical instructions for infants, children, and adults;
  - b) Automatic external defibrillator (AED) and CPR instructions for children and adults;
  - c) Childbirth;
  - d) Bleeding control and hemorrhage;
  - e) Administration of epinephrine by auto-injector for suspected anaphylaxis; and,
  - f) Administration of naloxone for suspected narcotics overdoses. [HSC § 1797.161]
- 6) Permits a public safety agency to satisfy these requirements by contracting with another public safety agency that provides pre-arrival medical instructions. [*Ibid.*]
- 7) Defines in regulation, a lifeguard to mean any regularly employed and paid officer, employee, or member of a public aquatic safety department or marine safety agency of the State of California, or any city, county, city and county, district or other public or municipal corporation or political subdivision of California. [California Code of Regulations, Title 22, § 100010]

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

**COMMENTS:**

- 1) **PURPOSE OF THIS BILL.** According to the author, this bill will save lives. The California Drowning Prevention and Rescue Act strengthens California’s emergency response system

by ensuring that when a drowning emergency occurs, 911 callers receive clear instructions for both chest compressions and ventilation critical components of effective CPR for drowning victims. In those first few minutes before first responders arrive, properly delivered CPR can mean the difference between survival and tragedy. By clarifying and strengthening prearrival medical instructions and launching a coordinated statewide effort to expand public awareness and training in CPR, this bill addresses a serious gap in knowledge and preparedness. The author states that this bill also recognizes the lifesaving importance of our lifeguard workforce by requiring comprehensive reporting and evaluation to better understand staffing levels, training standards, and workforce needs across California. By elevating professionalism, improving oversight, and working toward appropriate staffing and integration within our emergency medical services system, we can ensure that lifeguards are fully supported in their critical public safety role. The author concludes that together, these efforts move California toward a future where drowning is far less common and where every victim has the strongest possible chance of survival and full recovery.

## 2) BACKGROUND.

a) **California Drowning Data.** According to DPH's Injury Data Brief, "California Drowning Trends: 2016-2023," there were 3,631 fatal unintentional drowning cases in California over the eight-year period from 2016 to 2023. However, this figure excludes 350 fatal drowning incidents that occurred in California among non-state residents; 814 fatal drowning cases that were either a suicide, homicide, or undetermined intent; and 347 cases where drowning was listed as a contributing cause of death but not the underlying cause of death. Of the 3,631 cases included in the brief, 300 (8.3%) involved a California resident who drowned out of state.

Hispanic and Latino California residents have had the lowest drowning rate over the 8-year period, apart from 2022, where Asian/Pacific Islander Non-Hispanic residents had the lowest fatal drowning rate. Conversely, Black Non-Hispanic residents have had the highest rate of drowning over the eight-year period, apart from 2017, where white Non-Hispanic residents had the highest rate of fatal drowning. In 2018 and 2023, both groups had similar rates of fatal drowning incidents. All groups, apart from Hispanic residents, have seen an increase in fatal drowning incidents from 2022 to 2023. The rate of fatal drowning over an 8-year period for American Indian/Alaskan Native is 2.26 deaths per 100,000 people. This is the highest rate compared to the other four groups with Black Non-Hispanic having the second highest rate at 1.79 deaths per 100,000 people, followed by white Non-Hispanic at 1.55 deaths per 100,000 people, then Asian/Pacific Islander Non-Hispanic at 1.09 deaths per 100,000 people, and lastly Hispanic/Latino at 0.89 deaths per 100,000 people.

Fatal drowning occurred at higher rates for residents that were between one and four years of age and then decreased later in childhood. Rates begin to increase again once children reach adulthood.

Drowning is the single leading cause of death for children ages one to four and the second leading cause of injury-related death for children up to age 14. For infants less than a year old, the most common fatal drowning location is bathtubs. Children between one and four and five and nine years old are most likely to drown in swimming pools or

hot tubs. According to the Red Cross, children younger than one year old are more likely to drown at home.

- b) EMS.** EMSA is the lead agency and centralized resource to oversee emergency and disaster medical services. Day-to-day EMS system management is the responsibility of the local and regional LEMSAs. California has 34 LEMSA systems that provide EMS for California's 58 counties. Regional systems are usually comprised of small, more rural, less-populated counties and single-county systems generally exist in the larger and more urban counties. There are seven regional EMS agencies comprised of 32 counties and 26 single-county LEMSAs. Both single and multi-county LEMSAs develop and submit five-year EMS plans and annual updates to EMSA for a local EMS system according to the state system standards and guidelines. The purpose of the local EMS plans is to meet community EMS needs through the effective utilization of local resources. Between 2019 and June 2022, there were 33 LEMSAs. In July 2022, Stanislaus County separated from Mountain-Valley EMS (a multi-county LEMSA) bringing the total number of LEMSAs to 34.

The EMS Act comprehensively regulates emergency medical care in California. Enacted in 1980, the Act provides for the creation of emergency medical procedures and protocols, certification of emergency medical personnel, and coordination of emergency responses by fire departments, ambulance services, hospitals, specialty care centers, and other providers within the local EMS system.

- c) Lifeguards.** In California, lifeguards are not part of the formal EMS system, but as noted in 7) of existing law above, they are considered a type of public safety personnel under the state's Title 22 regulations, which define a lifeguard as any regularly employed and paid officer, employee, or member of a public aquatic safety department or marine safety agency, or of any city, county, or other public entity. This classification places them in the same regulatory category as police, fire, and other first responders, but it does not mean they are licensed EMS providers. Lifeguards are certified by various organizations such as the Red Cross, and are also required to meet first aid and CPR standards. They must also be trained in water rescue and emergency response, and in many cases, they are equipped with and trained to use AEDs.
- d) DPH Drowning Prevention Programs.** DPH runs statewide drowning prevention programs through its Office of Public Awareness, working with partners to reduce drowning deaths and injuries through education, policy, and community engagement. DPH's Drowning Prevention initiative focuses on raising awareness, providing resources, and supporting local health jurisdictions in implementing water safety measures. The program offers communications toolkits, educational materials, and guidance for public health campaigns aimed at parents, caregivers, and the general public. DPH works with the California Water Safety Coalition to implement the California Water Safety Strategy, which sets statewide priorities for reducing drowning and aquatic injuries California. DPH promotes a "layers of protection" approach, which includes:
- i)** Never leaving a child alone near water, even for a few seconds;
  - ii)** Keeping a constant adult eye on young children;
  - iii)** Ensuring pools have fences, alarms, and drains meeting safety standards;

- iv) Using personal flotation devices in and around water; and,
  - v) Training caregivers in rescue techniques and emergency response.
- e) **California Water Safety Action Plan.** SB 855 (Newman) Chapter 817, Statutes of 2022 requires DPH to produce a California Water Safety Action Plan for Children and standardize drowning data collection across counties. As of early 2026, DPH is in the final phase of implementing SB 855, the Childhood Drowning Data Collection Pilot Program, which was enacted in 2022 and runs from January 2024 to December 2026. SB 855 requires DPH to partner with five to ten counties to collect enhanced data on both fatal and non-fatal drownings in children, with a focus on ages one through four, convene an expert advisory group anchored in the California Water Safety Coalition Data Workgroup, develop standardized drowning data reporting protocols and electronic forms for statewide use, and submit two legislative reports as follows:
- i) January 1, 2026: progress report and recommendations for improving pool safety;
  - ii) January 1, 2027: final report including a California Water Safety Action Plan for Children with recommendations for an ongoing surveillance system and evidence-based policies.

According to DPH, by early 2026, DPH has completed the first year of the pilot, established partnerships with multiple counties, and is in the process of finalizing standardized reporting tools. The January 1, 2026 report has been prepared and submitted to the legislature, outlining findings, risk factors, and policy recommendations for pool safety, which include:

- i) Promote fencing around all pools and regular homeowner safety inspections;
- ii) Ensure adults always supervise children that are in pools, with CPR-trained caregivers remaining within arm's length of children;
- iii) Promote the use of U.S. Coast Guard-approved life jackets only and expand access to swim lessons and water safety education; and,
- iv) Promote swim lessons especially for age groups most at risk of drowning.

The final Water Safety Action Plan for Children is due in January 2027, which will include a proposed statewide drowning surveillance system and targeted prevention strategies. According to DPH, the plan will be informed by both fatal and non-fatal drowning data, aiming to address gaps in current reporting and to guide long-term policy and community interventions.

DPH's Injury and Violence Prevention Branch (IVPB) does not maintain a dedicated statewide public awareness initiative focused specifically on drowning prevention and/or CPR promotion. IVPB has time-limited funding for the legislatively mandated SB 855 Childhood Drowning Data Collection Pilot Program, which focuses on evaluating existing drowning data collection protocols and developing recommendations to strengthen statewide drowning data collection strategies. The pilot program is set to conclude on January 1, 2027. Additionally, DPH's IVPB also funds small grants to local

entities engaging in childhood unintentional injury prevention activities through their Kids' Plates program, which may include drowning prevention efforts at the local level.

- 3) **SUPPORT.** The California Coalition for Children's Safety and Health (CCCSH) is a sponsor of this bill and states that its purpose is to create the California Drowning Prevention Rescue Act which will address three important drowning prevention next steps that are important to further California's drowning prevention strategies:
- a) **California's Lifeguard workforce:** Gather and report on information that will set the stage for the development of a statewide Lifeguard strategic plan that supports existing Lifeguard programs and will elevate and strengthen California's Lifeguard workforce. Currently there is no statewide depository of information about how many Lifeguards are in California, how they are trained, where they are housed, and where there are gaps in available training programs or gaps in the Lifeguard workforce across our state.
  - b) **Increase California's population knowledge of CPR:** CCCSH states that this bill helps increase the percentage of California's population that knows about and has training in CP), including drowning CPR which involves both ventilation and chest compressions. Currently research shows that only 54% of California's adult population has knowledge about CPR.
  - c) **Brings uniformity to California's 911 call center drowning CPR training and knowledge:** CCCSH notes that this bill will ensure uniformity in the training of 911 call center operators in how to instruct the public in how to do drowning CPR that involves both ventilation and chest compression, to provide for the best rescue outcomes for a drowning victim.

The United EMS Workers, AFSCME Local 4911 (AFSCME 4911) support this bill and notes that all the scientific evidence and data shows that cardiac arrest in a drowning victim is caused by hypoxia (low oxygen.) AFSCME 4911 states that the current approach of compressions, "hands only," CPR instructions given by dispatchers is a "one size fits all" solution that works well when a patient is suffering from a heart attack, but can be ineffective when treating a drowning patient.

- 4) **RELATED LEGISLATION.** AB 1634 (Davies) would allocate, upon an appropriation by the Legislature, 50% of the fees from the "Have a Heart, Be a Star, Help Our Kids" license plate program, collected before July 1, 2027, to state and local childcare provider licensure, oversight, recruitment, training, and development, and the remainder to childcare safety and health, as specified. Of the fees collected on or after July 1, 2027, AB 1634 would allocate 50% for programs that address specified child health and safety concerns and the remainder of the funding would be allocated for specified child abuse prevention purposes. AB 1634 is pending a hearing in the Assembly Committee on Human Services.

5) **PREVIOUS LEGISLATION.**

- a) AB 645 (Carillo), Chapter 273, Statutes of 2025 requires, by January 1, 2027, a public safety agency that provides 911 call processing for services for emergency medical response to provide pre-arrival medical instructions to 911 callers requiring medical assistance, including, among other things, airway and choking medical instructions and administration of naloxone for narcotics overdoses. Requires pre-arrival medical

instructions to be approved by the local emergency medical services agency medical director.

- b) AB 1005 (Davies), Chapter 387, Statutes of 2025 makes changes to the authorizations and requirements of drowning or injury prevention organizations that provide informational materials to local educational agencies. Requires the California Department of Education to compile and make available on its website school-based water safety and drowning prevention educational resources for public use.
  - c) ACR 77 (Davies), Res. Chapter 142, Statutes of 2025 proclaims the month of May 2025 as Drowning Awareness and Prevention Month in California.
  - d) SB 855 (Newman) Chapter 817, Statutes of 2022 requires DPH to produce a California Water Safety Action Plan for Children and standardize drowning data collection across counties.
  - e) SB 438 (Hertzberg), Chapter 389, Statutes of 2019, among other provisions, prohibited a public agency from delegating, assigning, or entering into a contract for 911 call process services regarding the dispatch of emergency medical response resources unless it is with another public agency, with certain exceptions, including allowing contracts in existence at the time to be renewed if public agencies do not object.
- 6) **DOUBLE REFERRAL.** This bill is double-referred, upon passage of this committee, it will be referred to the Assembly Committee on Emergency Management.
- 7) **POLICY COMMENT.** This bill requires EMSA to gather information on the lifeguard workforce and submit a report to the Legislature. However, the bill does not require local agencies that employ lifeguards to report the information to EMSA, and EMSA has no authority over the lifeguard workforce. Additionally, as noted above, the California Association of Recreation and Park Districts' is concerned some local entities may not have all of the information requested in the bill, and that reporting the information will place administrative burdens on local park districts. As noted in the Background Information, the vast majority of deaths are infants and toddlers at home in the bathtub or in residential pools. Every drowning death is a tragedy. However, with limited resources at the state level, moving forward the author may wish to focus on preventing the most deaths, which are in private homes.

#### **REGISTERED SUPPORT / OPPOSITION:**

##### **Support**

California Coalition for Children's Safety and Health (sponsor)  
 American Property Casualty Insurance Association  
 California Family Resource Association  
 Child Abuse Prevention Center and its Affiliates Safe Kids California, Prevent Child Abuse California and the California Family Resource Association; the  
 National Association of Mutual Insurance Companies  
 Pacific Association of Domestic Insurance Companies  
 Personal Insurance Federation of California  
 Starguard Elite

United EMS Workers, AFSCME Local 4911

**Opposition**

None on file

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