

Date of Hearing: April 23, 2026

ASSEMBLY COMMITTEE ON EMERGENCY MANAGEMENT

Rhodesia Ransom, Chair

AB 2041 (Carrillo) – As Amended April 16, 2026

SUBJECT: Emergency medical services

SUMMARY: This bill requires the California Office of Emergency Services (Cal OES), when reviewing and updating technical and operational standards for public agency systems connecting to 911 public safety answering points, to include updates to “911” call processing services for an emergency medical response providing prearrival medical instructions and prohibits Cal OES from setting the content of, or the training standards for, prearrival instructions.

EXISTING LAW:

- 1) Establishes the Warren-911 Emergency Assistance Act to require local public agencies to maintain an emergency communication system using “911” as the primary, universal emergency response number. (Government Code § 53100 et. seq.)
- 2) Requires, by January 1, 2027, a public safety agency that provides “911” call processing services for emergency medical response to provide prearrival medical instructions to “911” callers requiring medical assistance, as specified. (Health and Safety Code § 1797.161)
- 3) Establishes the Emergency Telephone Users Surcharge Act. (Revenue & Taxation Code § 41001 et. seq.)
- 4) Imposes a 911 surcharge on each telephone access line. (Revenue and Taxation Code § 41020)
- 5) Establishes a methodology for determining the 911 surcharge amount and limits the 911 surcharge to no greater than eighty cents (\$0.80) per access line per month. (Revenue & Taxation Code 41030)
- 6) Establishes the State Emergency Telephone Number Account, or SETNA. (Revenue and Taxation Code § 41135)
- 7) Requires Cal OES to review and update technical and operational standards for public agency systems. (Government Code § 53114.2)

FISCAL EFFECT: Unknown. A fiscal committee has not yet analyzed this bill.

COMMENTS:

Authors Statement: “In medical emergencies such as cardiac arrest or choking, immediate bystander intervention before first responders arrive can mean the difference between life and death. The American Heart Association reports that prompt CPR can double or even triple a person’s chances of survival following cardiac arrest. AB 2041 strengthens this critical link by

requiring applicants for SETNA funding to demonstrate compliance with existing law requiring public safety agencies to train dispatchers to provide lifesaving pre-arrival instructions. Since CalOES has never reduced SETNA funding and doesn't have a mechanism to do so, AB 2041 will not put public safety funding at risk. Instead, it enables CalOES to assist non-compliant agencies in identifying and implementing a path to compliance. By investing in these proven, lifesaving practices, we can better equip everyday Californians with the guidance they need to act in those first critical moments.”

Equity Statement: “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 require 911 dispatchers to provide pre-arrival instructions and where it takes longer for emergency responders to arrive to the scene.”

Prearrival Instructions: AB 635 Carrillo (Chapter 275, Statutes of 2025) required that, by January 1, 2027, a public safety agency that provides 911 call processing for services for emergency medical response to provide prearrival medical instructions to 911 callers requiring medical assistance for the following, at minimum: airway and choking instructions, automatic external defibrillator (AED) and CPR instructions, childbirth, bleeding control and hemorrhage, administration of epinephrine for anaphylaxis, and administration of naloxone for narcotics overdoses. These prearrival medical instructions are to be approved by the local emergency medical services agency (LEMSA) medical director.

State Emergency Telephone Number Account (SETNA): SETNA was created to fund the planning and implementation (former and current) of a uniform three-digit telephone number through which emergency services can be obtained. This includes payments to service suppliers or communications equipment companies, for installation and ongoing communications services supplied to local agencies in connection with the "911" emergency phone system and "988" system. The account is funded through surcharges on intrastate telephone communications pursuant to the Emergency Telephone Users Surcharge Act. Under existing law, Cal OES may impose a surcharge up to 80 cents per access line. The 911 surcharge rate for calendar year 2026 is 41 cents. SETNA is expected to receive \$215 million in surcharge revenue in 2026-27.

SETNA Reimbursement Levels Unlikely to Change: Under this bill, proponents and opponents alike, argue that Cal OES would be authorized to reduce the SETNA reimbursement funding to individual PSAPs that have not complied with providing prearrival instructions or met any new related technical or operational standards set by Cal OES. While Cal OES *may* have the legal authority to reduce SETNA funding (discussed below), Cal OES does not reduce PSAP funding. Cal OES views their role as administrative and not focused on enforcement. SETNA funding levels are dependent on the specific requests made by PSAPs, such as for Customer Premise Equipment (CPE) replacement or training hours, rather than Cal OES stepping in to reduce funding based on their review process (discussed below).

Related CAL OES Authority: Cal OES has the existing authority:

- a. Revenue and Taxation Code § 41135 et al, Cal OES is given the authority to oversee SETNA funding disbursement;
- b. Government Code § 53114.2 requires OES to review and update technical and operational standards for public agency systems; and

- c. Government Code § 53115 requires OES to conduct oversight to ensure PSAP compliance with the standards.

Cal OES created the Fiscal and Operational Review (FOR) process to meet these requirements. Through this process, Cal OES may reimburse PSAPs for approved activities. Given failure to meet prearrival standards would be an unapproved activity, this is where a PSAP's reimbursement could feasibly be reduced. However, Cal OES states in their FOR Operations Manual that the FOR process is used to identify issues and work with the PSAP to fix them. To reiterate, Cal OES does not currently possess a mechanism to reduce funding based on non-compliance with a Functional Operations Review (FOR)

Existing PSAP Mandatory Standards: In Cal OES's 9-1-1 Operations Manual (Chapter 1 – Standards), Cal OES outlines the mandatory standards established with the authority, provided by Gov Code, Section 53114.2, to provide the fastest, most reliable, and cost-effective telephone access to emergency services for any 9-1-1 caller in California.

As it applies to PSAPs, the following standards are required:

- a. *Automatic Location Identification (ALI) Format* -PSAPs shall accommodate the most current ALI standard for the State of California, currently "Format 04", in any equipment replacement or upgrade.
- b. *Call Answer Time within Fifteen (15) Seconds* Ninety (90%) percent of all 9-1-1 calls arriving at the Public Safety Answering Point SHALL be answered within (\leq) Fifteen (15) seconds. Ninety-five (95%) of all 9-1-1 calls SHOULD be answered within (\leq) twenty (20) seconds. The CA 9-1-1 Branch realizes that unpredictable spikes may occur and will take abnormalities into consideration when reviewing statistics.
- c. *Call Data Reporting (CDR) Connectivity* -PSAPs shall accommodate connectivity of 9-1-1 call-taker Customer Premise Equipment (CPE), funded by the CA 9-1-1 Branch, to the CDR system within 30 days of system installation. Any intentional manipulation to the 9-1-1 call data may result in reduction of CA 9-1-1 Branch funding to PSAP.
- d. *Call Transfers* -When transferring a 9-1-1 call, procedures will be developed for advising the 9-1-1 caller that the call is being transferred and to remain on the line. Every effort should be made to minimize the number 9-1-1 call transfers.
- e. *Hours of Operation* - Each PSAP funded by the CA 9-1-1 Branch shall be staffed with 9-1-1 call-taker(s) and committed to answer 9-1-1 calls 24 hours per day, every day of the year, for a minimum of five (5) years. Exception to this requirement is supported for "grandfathered" PSAPs (agencies that received CA 9-1-1 Branch CPE funding prior to December 2001 with limited hours of operation). However, we encourage all PSAPs funded by the CA 9-1-1 Branch in "grandfathered" status to consider consolidation or extend to full compliance with this standard.
- f. *Network Connections* -Each PSAP shall have a minimum of two (2) trunks to a Selective Router (S/R) and trunks will be augmented based upon maintaining a typical P.01 grade of service and call volume. {This requirement exceeds the minimum recommendations by NENA.}
- g. *Non-published Emergency Number(s)* -Each PSAP shall have a minimum of one (1) non-published ten digit 9-1-1 number for emergency call transfers.
- h. *Protective Devices* -All facilities and equipment associated with 9-1-1 service shall be provided with protective devices to prevent accidental workman contact. Each

protected termination shall be clearly identified. Protected 9-1-1 circuits will not be opened, grounded, short-circuited, or manipulated in any way unless the appropriate PSAP has released the circuit.

- i. *Transfer Numbers* -PSAPs shall provide their 10-digit emergency numbers to entities requiring a backup number to route to, or other service providers not delivering calls into the 9-1-1 network.

Cal OES notes there is also a comprehensive range of recommended standards offered on the National Emergency Number Association (NENA) website.

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 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.

Policy Considerations: Given that PSAPs are designed to provide emergency telephone support, reducing their reimbursements could feasibly reduce their ability to provide critical public safety and emergency response operations. The Committee may want to consider if reducing SETNA funds available to PSAPs is the best way to ensure they are providing prearrival instructions.

Double referral: This bill passed the Assembly Committee on Conveyance on March 25, 2026 with a vote of 8-0-1.

Arguments in Support: According to the California Ambulance Association, “Last year, AB 645 addressed this challenge by requiring public safety dispatchers to provide life-saving PAIs. With this requirement in place, dispatchers can guide callers through critical interventions such as CPR or the Heimlich maneuver, increasing survival rates. According to the AHA, immediate CPR can double or triple the chance of survival from an out-of-hospital cardiac arrest. While the passage of AB 645 set the framework for critical life-saving measures, AB 2041 is equally as important to ensure that all public safety dispatch agencies comply with these new requirements.”

Arguments in Opposition: According to CALNENA, “The premise of AB 2041 is that Public Safety Answering Points (PSAPs) will not comply with the provisions of AB 645, and therefore the Legislature must enact legislation, barely 6 months after the measure was signed by the Governor, to compel compliance by restricting PSAP’s access to [SETNA] funding if they do not comply. It is important to note that AB 645 has a delayed implementation date of January 1, 2027...This means that a legislative conversation about enforcement is premature, and unwarranted. Further, the enforcement mechanism proposed in AB 2041 is overly punitive and would set a troubling precedent by restricting a PSAPs access to SETNA funding.”

Prior Legislation:

AB 645 (Carrillo, Statutes of 2025) requires, by January 1, 2027, a public safety agency that provides 911 calls processing for emergency medical response to provide pre-arrival medical instructions to 911 callers requiring medical assistance.

REGISTERED SUPPORT / OPPOSITION:

Support

Amwest Ambulance
California Ambulance Association
Del Norte Ambulance
Lifewest Ambulance
Medic Ambulance
Norcal Ambulance
Pro Transport-1 Ambulance
Royal Ambulance INC
Southern California Ambulance Association

Opposition

California Chapter National Emergency Number Association (CALNENA)
California Fire Chiefs Association
California Professional Firefighters
Emergency Medical Services Administrators' Association of California (EMSAAC)
Fire Districts Association of California
League of California Cities
Riverside County Sheriff's Office

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