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## SENATE COMMITTEE ON APPROPRIATIONS

Senator Anna Caballero, Chair  
2025 - 2026 Regular Session

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### AB 645 (Carrillo) - Emergency medical services: dispatcher training

**Version:** July 17, 2025

**Urgency:** No

**Hearing Date:** August 18, 2025

**Policy Vote:** HEALTH 10 - 0

**Mandate:** Yes

**Consultant:** Agnes Lee

**Bill Summary:** AB 645 would require 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.

#### **Fiscal Impact:**

- The Emergency Medical Services Authority (EMSA) anticipates no fiscal impact to state operations.
- Unknown potential costs to local public safety agencies. Cost to local agencies would be potentially reimbursable by the state, subject to a determination by the Commission on State Mandates.

**Background:** While the EMSA is the lead agency and centralized resource to oversee emergency and disaster medical services, day-to-day Emergency Medical Services (EMS) system management is the responsibility of the local and regional EMS agencies. California has 34 local EMS agency (LEMSA) systems that provide EMS for California's 58 counties. California's EMS 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.

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 Public Safety Answering Point (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.

#### **Proposed Law:** Specific provisions of the bill would:

- Require, 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, including, at a minimum, all of the following:
  - Airway and choking medical instructions for infants, children, and adults.

- Automatic external defibrillator (AED) and CPR instructions for children and adults.
- Childbirth.
- Bleeding control and hemorrhage.
- Administration of epinephrine by auto-injector for suspected anaphylaxis.
- Administration of naloxone for suspected narcotics overdoses.
- Require prearrival medical instructions to be approved by the local EMS agency medical director.
- Provide that a public safety agency is not required to update its policies and procedures if the public safety agency already provides prearrival medical instructions through emergency medical dispatch or other means and those instructions have been approved by the local EMS agency medical director.

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