Office of Senate Floor Analyses
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THIRD READING

Bill No: AB 645
Author: Carrillo (D), et al.
Amended: 7/17/25 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 10-0, 7/16/25
AYES: Menjivar, Valladares, Durazo, Gonzalez, Limón, Padilla, Richardson, Rubio, Weber Pierson, Wiener
NO VOTE RECORDED: Grove

SENATE APPROPRIATIONS COMMITTEE: 7-0, 8/29/25
AYES: Caballero, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

ASSEMBLY FLOOR: 70-0, 5/19/25 - See last page for vote

SUBJECT: Emergency medical services: dispatcher training

SOURCE: California Ambulance Association

DIGEST: This bill requires a public safety agency that processes 911 calls for emergency medical response, commencing January 1, 2027, to provide pre-arrival medical instructions to 911 callers requiring medical assistance, including airway and choking instructions, automatic external defibrillator and CPR instructions, childbirth, bleeding control and hemorrhage, administration of epinephrine auto-injectors, and administration of naloxone for suspected overdoses. Requires pre-arrival medical instructions to be approved by the medical director of the local emergency medical services agency.

ANALYSIS:

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 emergency medical services (EMS), and establishes the Emergency

Medical Services Authority (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, policy, ambulance, or other emergency services. Prohibits these provisions of law from prohibiting or discouraging the formation of multijurisdictional or regional system. [Government Code (GOV) §53100, et seq.]

5) 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. [GOV §53110(a)]

6) Prohibits a public agency from delegating, assigning, or entering into a contract for 911 call processing services for the dispatch of emergency response resources unless it is with another public agency, with the exception of a delegation, assignment, or contract entered into on or before January 1, 2019, subject to certain limitations. [GOV §53110(b) and (c)]

7) Requires a public safety agency implementing an emergency medical dispatch program to be subject to the review and approval of the LEMSA, 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 LEMSA. [HSC §1797.223(c)]

8) Prohibits medical control by a LEMSA medical director, or medical direction and management of an EMS system, from being construed to limit, supplant, prohibit, or otherwise alter a public safety agency's authority to directly receive and process requests for assistance originating with the public safety agency's territorial jurisdiction through the emergency 911 system, but specifies that this provision does not supersede the LEMSA's authority to adopt and implement emergency life-saving instructions or emergency medical dispatch pre-arrival instructions. [HSC §1798.8]

9) Permits a committee to be established in any county that desires to establish a unified command structure for patient management at the scene of an emergency within that county, comprised of representatives of the agency responsible for county emergency medical services, the county sheriff's department, the California Highway Patrol, public prehospital-care provider agencies serving the county, and public fire, police, and other affected emergency service agencies within the county. [HSC §1798.6]

This bill:

1) 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, at a minimum:

    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.

2) Permits a public safety agency to satisfy these requirements by contracting with another public safety agency that provides pre-arrival medical instructions.

3) Requires pre-arrival medical instructions to be approved by the LEMSA medical director pursuant to provisions of existing law requiring LEMSA approval of emergency medical dispatch programs, and implemented consistent with the medical protocols and procedures adopted by the public safety agency.

4) Specifies that this bill does not require a public safety agency to update its policies and procedures if the public safety agency already provides pre-arrival medical instructions through emergency medical dispatch or other means and those instructions have been approved by the LEMSA medical director.

5) Specifies that a public safety agency dispatching peace officers to the scene of an emergency does not constitute call processing services for emergency medical response for purposes of this bill, even though the peace officers may administer first aid and CPR pursuant to specified provisions of existing law.

6) Prohibits this bill from being construed to alter, modify, abridge, diminish, enlarge, or constrain EMSA's ability to adopt guidelines or regulations for emergency medical dispatch, including dispatcher training, under existing law.

7) Specifies that this bill does not supersede various provisions of law, including the following: a provision of law requiring the administration of prehospital EMS by cities and fire districts providing such services as of June 1, 1980, to be retained by those cities and fire districts; a provision of law governing exclusive operating areas in an EMS plan; a provision of law regarding establishing a unified command structure for patient management at the scene of an emergency within a county; a provision of law prohibiting medical control by a LEMSA from altering a public safety agency's authority to process requests for assistance from a 911 system; and a provision of law prohibiting a public agency from delegating a contract for 911 call processing services for the dispatch of emergency response resources unless it is with another public agency.

Comments

According to the author of this bill:

> When a Californian dials 911 during a medical emergency, the moments before help arrives can be critical. In many cases, dispatchers provide *pre-arrival medical instructions*: verbal guidance to help stabilize the patient until emergency responders arrive. These instructions can mean the difference between life and death, especially in rural areas where response

times are longer. Yet, California currently has no statewide requirement ensuring that callers receive this potentially life-saving assistance. This bill addresses this gap by requiring public safety agencies that provide 911 call processing for medical emergencies to provide pre-arrival medical instructions for common crises, such as choking, cardiac arrest, and childbirth. Research shows that these instructions significantly increase bystander intervention during a medical emergency. When bystanders are guided to act, such as performing CPR or aiding a choking victim, their immediate response can be lifesaving. For example, the American Heart Association reports that immediate CPR can double or even triple a person's chances of survival following cardiac arrest. This bill ensures that all Californians—regardless of where they live—have access to timely, expert guidance in moments of crisis. By establishing statewide standards for pre-arrival medical instructions, this bill strengthens our emergency response system and brings California in line with 18 other states that already mandate this service.

Background

Background on EMS and the 911 system. While 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 EMS agencies. 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 31 counties and 27 single-county LEMSAs. 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.

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. 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. However, under SB 438 (Hertzberg, Chapter 389, Statutes of 2019), a public agency is prohibited from delegating, assigning, or entering into a contract for 911 call processing services regarding the dispatch of emergency response resources unless it is with another public agency, with certain exceptions, including contracts entered into before January 1, 2019 if the public safety agencies agree to continue those contracts.

Pre-arrival EMS instructions. According to the author, the rationale for this bill is that while most agencies providing EMS dispatch services provide pre-arrival instructions to 911 callers to help them with emergency situations until emergency medical personnel arrive on scene, it is not universal, and there are some areas in the state where 911 callers are not provided with pre-arrival instructions.

According to a September 2019 article published in *StatPearls*, nearly any circumstance resulting in a call to 911 involves a stressed or alarmed caller seeking help for himself or someone else. The person responsible for answering that call is assigned the crucial task of rapidly identifying the nature of the emergency, its severity, and the necessary resources to deploy, all while keeping the caller calm enough to answer the right questions. When specific life-threatening emergencies are identified, the following actions by the caller and recipient can be the difference between survival and death. "Pre-arrival instruction" refers to specific instructions or guidance provided by 911 dispatchers or public safety answering point call-takers to the individuals making the emergency call. According to this article, the first organized effort to provide pre-arrival instructions was implemented in Phoenix, Arizona in 1974. As of 1988, emergency medical dispatch's use of pre-arrival instructions has been the standard recommendation of the National Association of Emergency Management Service Physicians. A study published in 2000 revealed that 97% of community members surveyed would call 911 in an emergency, and 67% of respondents expected that calling 911 should result in receiving pre-arrival instructions for choking, a person not breathing, bleeding, and childbirth, when appropriate. At the time, however, many answering points were noted not to provide such instructions. The greatest challenge to providing pre-arrival instructions is determining how to apply life-saving and hands-on interventions through a third party (the caller) without visual aids, all in seconds. Dispatchers can most effectively provide pre-arrival instructions by following scripts and practicing possible scenarios. Scripted instructions are written clearly for any non-medical person to comprehend and perform. While few studies have addressed the provision or efficacy of pre-arrival instructions for bleeding control, choking, respiratory arrest, and childbirth, the most studied

emergency for pre-arrival instructions is sudden cardiac arrest. A study in 2008 revealed that even when dispatchers gave 911 callers standard CPR instructions, the majority of calls did not result in cardiac arrest victims receiving proper chest compressions. The recommendations for out-of-hospital bystander resuscitation changed significantly after this study, and shifted to "hands-only CPR" without airway or breathing intervention. In sudden cardiac arrest, pre-arrival instruction for dispatch-assisted CPR is now considered the standard of care, though a 2015 survey of public safety answering points concluded that nearly 50% of systems did not offer dispatcher-assisted instructions for CPR.

It should be noted that stakeholders involved in discussions on this bill agree that the vast majority of 911 emergency medical response dispatching agencies in California already provide pre-arrival instructions.

EMSA planning on doing regulations on emergency medical dispatch. An earlier version of this bill would have focused on establishing minimum standards for the training of emergency medical dispatchers, which generated some controversy from a number of stakeholders. In the context of a version that would have potentially established training requirements, EMSA provided some considerations that it believed was important for the Legislature to consider, including that medical care does not begin when field providers arrive, but it begins at the first point of medical contact, which is often the 911 call. EMSA stated that patient outcomes are directly impacted by the accuracy of call triage and the quality of pre-arrival medical instructions provided by dispatchers. As such, oversight of these functions, and of training and oversight, must remain within the clinical and regulatory framework of medical control. EMSA also stated that ensuring an equitable standard in the delivery of quality care from the moment of first medical contact requires consistent statewide standards, and that EMSA is best positioned to define those standards, with LEMSAs implementing and overseeing them within their jurisdictions under medical direction.

EMSA stated that it intends to begin a regulatory process for emergency medical dispatch before the end of the year. This bill includes a provision prohibiting anything in this bill from being construed to either expand or limit EMSA's ability, under existing law, to adopt guidelines or regulations for emergency medical dispatch, including dispatcher training.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Senate Appropriations Committee:

- 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.

SUPPORT: (Verified 8/1/2025)

California Ambulance Association (source)
AmbuServe
AmWest Ambulance
California Fire Chiefs Association
City Ambulance of Eureka
Fire Districts Association of California
LifeWest Ambulance
Medic Ambulance
NorCal Ambulance
Sierra Emergency Medical Services Alliance

OPPOSITION: (Verified 8/1/2025)

None received

ARGUMENTS IN SUPPORT: This bill is sponsored by the California Ambulance Association (CAA), which states that public safety dispatchers serve as the first point of contract 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. CAA states that dispatchers can guide callers through critical interventions, such as CPR, stop the bleed, or the Heimlich maneuver, increasing survival rates. CAA states that this bill will standardize pre-arrival instruction requirements across the state. A number of ambulance providers submitted letters of support with similar arguments.

ASSEMBLY FLOOR: 70-0, 5/19/25
AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Chen, Connolly, Davies, DeMaio, Elhawary, Ellis, Fong, Gabriel, Gallagher, Garcia, Gipson, Mark González, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lee, Lowenthal, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca

Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
NO VOTE RECORDED: Castillo, Dixon, Flora, Jeff Gonzalez, Hadwick, Lackey, Macedo, Papan, Sanchez

Prepared by: Vincent D. Marchand / HEALTH / (916) 651-4111
8/29/25 20:47:08

****** END ******