

AMENDED IN ASSEMBLY JUNE 18, 2019

AMENDED IN SENATE MAY 2, 2019

AMENDED IN SENATE MARCH 25, 2019

SENATE BILL

No. 438

Introduced by Senator Hertzberg

(Principal coauthor: Assembly Member Eggman)

(Coauthor: Senator Galgiani)

(Coauthor: Assembly Member Aguiar-Curry)

February 21, 2019

An act to amend Section 53110 of, and to add Section 53100.5 to, the Government Code, and to add ~~Section~~ *Sections 1797.223 and 1798.8* to the Health and Safety Code, relating to emergency services.

LEGISLATIVE COUNSEL'S DIGEST

SB 438, as amended, Hertzberg. Emergency medical services: dispatch.

Existing law, the Warren-911-Emergency Assistance Act, requires every local public agency to establish within its jurisdiction a basic emergency telephone system that includes, at a minimum, police, firefighting, and emergency medical and ambulance services. Existing law authorizes a public agency to incorporate private ambulance service into the system.

This bill would prohibit a public agency from delegating, assigning, or contracting for "911" emergency call processing or notification duties regarding the dispatch of emergency response resources unless the delegation or assignment is to, or the contract or agreement is with, another public agency. The bill would ~~further~~ exempt from that prohibition a public agency that is a joint powers authority that

contracted for emergency response resources on or before January 1, 2019, under certain conditions. *The bill would authorize a public agency that contracted for dispatch of emergency response resources on or before January 1, 2019, to continue that contract or to renegotiate or adopt new contracts if the public agency and the public safety agencies that provide prehospital emergency medical services consent.* The bill would state the Legislature’s intent to affirm and clarify a public agency’s duty and authority to develop emergency communication procedures and respond quickly to a person seeking emergency services through the “911” emergency telephone system.

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, authorizes each county to develop an emergency medical services (EMS) program and designate a local EMS agency. Existing law delegates responsibility over the medical direction and management of an EMS system to the medical director of the local EMS agency, and requires the local EMS agency to maintain medical control over the EMS system in accordance with minimum standards established by the Emergency Medical Services Authority.

This bill would require a public safety agency that provides dispatch of prehospital emergency response resources to make a connection available from the public safety agency dispatch center to an EMS provider’s dispatch center, as specified. The bill would provide that the public safety agency is entitled to recover from an EMS provider the costs incurred in establishing and maintaining the connection. The bill would require all local EMS-agency-approved EMS providers and EMS system providers to be simultaneously notified and dispatched at the same response code. The bill would also, unless the local EMS agency takes affirmative action to the contrary, deem a public safety agency’s plan to implement an EMD or advanced life support program to be approved within 60 days of submission if the plan satisfies state guidelines and regulations.

This bill would provide that medical control by a local EMS agency medical director or medical direction and management of an EMS system may not be construed to, among other things, limit the authority of a public safety agency to directly receive and administer “911” emergency requests originating within the agency’s territorial jurisdiction or authorize a local EMS agency to reduce a public safety agency’s response mode or deployment of emergency response resources within the agency’s territorial jurisdiction. The bill would also clarify

that a public safety agency does not transfer its authority to administer emergency medical services to a local EMS agency by ~~consenting to conform its prehospital response to comply with an EMS dispatch protocol~~ *adhering to the policies, procedures, and protocols* adopted by a local EMS agency.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 53100.5 is added to the Government
2 Code, to read:

3 53100.5. The Legislature finds and declares all of the following:

4 (a) The provision of fire protection services, rescue services,
5 emergency medical services, hazardous material response services,
6 ambulance services, and other services related to the protection of
7 lives and property is a matter of public safety and critical to the
8 public peace, health, and safety of the state.

9 (b) It is in the public interest that emergency services be
10 deployed quickly and efficiently in the interest of saving lives and
11 reducing the damage or destruction of property.

12 (c) The establishment of a uniform, statewide policy regarding
13 a public agency’s ability to receive and process emergency calls
14 is a matter of statewide concern and an interest to all inhabitants
15 and citizens of this state.

16 (d) The purpose of the act that added this section is to affirm
17 and clarify a public agency’s duty, responsibility, and jurisdiction
18 to establish and improve emergency communication procedures
19 and quickly respond to any person calling the telephone number
20 “911” seeking fire, medical, rescue, or other emergency services.

21 SEC. 2. Section 53110 of the Government Code is amended
22 to read:

23 53110. (a) Every system shall include police, firefighting, and
24 emergency medical and ambulance services, and may include other
25 emergency services, in the discretion of the affected local public
26 agency, such as poison control services, suicide prevention
27 services, and civil defense services. The system may incorporate
28 private ambulance service. In areas in which a public safety agency
29 of the state provides emergency services, the system shall include
30 the public safety agency or agencies.

1 (b) Notwithstanding subdivision (a), a public agency shall not
2 delegate, assign, or enter into a contract for “911” call processing
3 or emergency notification duties regarding the dispatch of
4 emergency response resources except as provided in subdivision
5 (c) or if the delegation or assignment is to, or the contract or
6 agreement is with, another public agency.

7 (c) Notwithstanding subdivision (b), ~~a~~ *the following entities*
8 *may contract for dispatch of emergency response resources only*
9 *as described:*

10 (1) A joint powers authority that contracted for dispatch of
11 emergency response resources on or before January 1, 2019, may
12 continue to contract for dispatch of those resources and may
13 renegotiate or adopt new contracts, if the membership of the joint
14 powers authority includes all public *safety* agencies that provide
15 prehospital emergency medical services and the joint powers
16 authority consents to the renegotiation or adoption of the contract.

17 (2) *A public agency that has contracted for dispatch of*
18 *emergency response resources on or before January 1, 2019, may*
19 *continue to contract for dispatch of those resources and may*
20 *renegotiate or adopt new contracts if the public agency and the*
21 *public safety agencies that provide prehospital emergency medical*
22 *services consent to the renegotiation and adoption of the contract.*

23 SEC. 3. Section 1797.223 is added to the Health and Safety
24 Code, to read:

25 1797.223. (a) (1) *A public safety agency that provides dispatch*
26 *of prehospital emergency response resources shall make a*
27 *connection available from the public safety agency dispatch center*
28 *to an emergency medical services (EMS) provider’s dispatch center*
29 *for the timely transmission of emergency response information.*

30 (2) *A public safety agency shall be entitled to recover from an*
31 *EMS provider the costs incurred in establishing and maintaining*
32 *a connection required by this subdivision.*

33 (3) *An EMS provider that elects not to use the connection*
34 *provided pursuant to this subdivision shall be dispatched by the*
35 *appropriate public safety agency and charged the same rates as*
36 *any other EMS provider being dispatched by that agency.*

37 (4) *If an EMS provider is not directly dispatched from a public*
38 *safety agency, the response interval for calculations for that EMS*
39 *provider shall not include the call processing times of the public*
40 *safety agency and shall begin upon receipt of notification by the*

1 EMS provider of the emergency response caller data, either
2 electronically or by any other means prescribed in paragraph (5).

3 (5) For purposes of this subdivision, “connection” means either
4 a direct computer aided dispatch (CAD) to CAD link, where
5 permissible under law, between the public safety agency and an
6 EMS provider or an indirect connection, including, but not limited
7 to, a ring down line, intercom, radio, or other electronic means
8 for timely notification of caller data and the location of the
9 emergency response.

10 (b) Unless an EMS agency has approved an emergency medical
11 dispatch (EMD) program that allows for a tiered or modified
12 response, all local EMS providers approved by the local EMS
13 agency and all statutorily-authorized EMS system providers shall
14 be simultaneously notified, or as close as technologically feasible,
15 and dispatched at the same response code. A public safety agency
16 implementing an EMD program shall be subject to the review and
17 approval of the local EMS agency and shall operate the program
18 in accordance with applicable state guidelines and regulations.

19 (c) Unless the local EMS agency takes affirmative action to the
20 contrary, a public safety agency’s plan to implement an EMD or
21 advanced life support program shall be deemed approved within
22 60 days of submission if the plan satisfies state guidelines and
23 regulations.

24 ~~SEC. 3.~~

25 SEC. 4. Section 1798.8 is added to the Health and Safety Code,
26 to read:

27 1798.8. (a) Notwithstanding any provision of this division,
28 medical control by a local EMS agency medical director, or
29 medical direction and management of an emergency medical
30 services system, as described in this chapter, shall not be construed
31 to do either any of the following:

32 (1) Limit, supplant, prohibit, or otherwise alter a public safety
33 agency’s authority to directly receive, process, and administer
34 requests for assistance originating within the public safety agency’s
35 territorial jurisdiction through the emergency “911” system
36 established pursuant to Article 6 (commencing with Section 53100)
37 of Chapter 1 of Part 1 of Division 2 of Title 5 of the Government
38 Code.

1 (2) Authorize or permit a local EMS agency to delegate, assign,
2 or enter into a contract in contravention of subdivision (b) of
3 Section 53110 of the Government Code.

4 ~~(b) Notwithstanding any provision of this division, medical
5 control or medical direction and management of an emergency
6 medical services system, as described in this chapter, shall not be
7 construed to authorize~~

8 (3) Authorize or permit a local EMS agency to reduce a public
9 safety agency’s response mode or deployment of public safety
10 emergency response resources within the public safety agency’s
11 territorial jurisdiction.

12 (4) Authorize or permit a local EMS agency to prevent a public
13 safety agency from providing mutual aid pursuant to the California
14 Emergency Services Act (Chapter 7 (commencing with Section
15 8550) of Division 1 of Title 2 of the Government Code).

16 (e)

17 (b) A public safety agency’s ~~voluntary consent to conform its
18 prehospital response or response mode to comply with an
19 emergency medical dispatch protocol adherence to the policies,
20 procedures, and protocols~~ adopted by a local EMS agency does
21 not constitute a transfer of any of the public safety agency’s
22 authorities regarding the administration of emergency medical
23 services.