

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** HB 195                      Emergency Medical Dispatch  
**SPONSOR(S):** Bilirakis  
**TIED BILLS:**                              **IDEN./SIM. BILLS:** SB 338

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| REFERENCE                        | ACTION        | ANALYST | STAFF DIRECTOR |
|----------------------------------|---------------|---------|----------------|
| 1) Claims (Sub)                  | 10Y, 0N       | Birtman | Havlicak       |
| 2) Judiciary                     | 17Y, 0N, w/CS | Birtman | Havlicak       |
| 3) State Administration          |               |         |                |
| 4) Health Care                   |               |         |                |
| 5) Judicial Appropriations (Sub) |               |         |                |
| 6) Appropriations                |               |         |                |

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### SUMMARY ANALYSIS

This bill provides a presumption of non-negligence for emergency medical dispatchers who utilize emergency medical dispatch protocols as defined in the bill. The bill also specifically identifies providers of emergency medical dispatch services as eligible to apply for Department of Health, Bureau of Emergency Medical Services grant funds.

There appears to be minimal fiscal impact associated with this bill.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. DOES THE BILL:

- |                                      |                              |  |   |
|--------------------------------------|------------------------------|--|---|
| 1. Reduce government?                | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> |
| 2. Lower taxes?                      | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> |
| 3. Expand individual freedom?        | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            |
| 4. Increase personal responsibility? | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> |
| 5. Empower families?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> |

For any principle that received a “no” above, please explain:

This bill does not appear to expand individual freedom because it eliminates an individual’s ability to sue a private emergency medical dispatcher for negligence.

#### B. EFFECT OF PROPOSED CHANGES:

**Emergency Medical Dispatch (EMD):** Currently, emergency medical dispatch is neither defined nor regulated by statute. The emergency telephone number ‘911’ was created to provide citizens with rapid direct access to public service agencies with the objective of reducing the response time to emergency situations.<sup>1</sup>

**Proposed Changes:** Creates the Emergency Medical Dispatch Act. This bill does not regulate emergency medical dispatch, though it does require emergency medical dispatchers to be certified; it is unclear how such certification would occur. The bill does provide definitions (as follows), immunity, and access to Department of Health emergency medical services grants. The bill defines the following terms:

- “Emergency medical dispatch” – the function of utilizing established EMD protocols for providing prompt and accurate processing of emergency calls.
- “Emergency medical dispatcher” – a person who is trained or certified in the prompt and accurate processing of calls for emergency medical assistance.
- “Emergency medical dispatch agency” –includes both private and public entities responsible for EMD.
- “Emergency medical dispatch protocol” - guidelines for dispatch which are substantially similar to standards set forth by the American Society for Testing and Materials or the National Highway Traffic Safety Administration and which are incorporated into EMD training.

**Immunity:** Currently, governmental agencies are immune from liability, and not required to pay any claim which exceeds \$100,000 per person or \$200,000 per incident.<sup>2</sup> There is neither a common law nor statutory duty for a law enforcement agency to respond to a 911 call absent a ‘special duty’ owed to a person in peril.<sup>3</sup> Whether a ‘special duty’ exists to respond to a 911 call has not been directly answered by the Florida Supreme Court, though the court has taken oral argument on the question and has not yet issued an opinion.<sup>4</sup> Private emergency dispatch operators are currently liable for negligence.

<sup>1</sup> See s. 365.171, F.S.

<sup>2</sup> See Article 10, Section 13 of the State Constitution (the state may waive its immunity through an enactment of general law); and s. 768.28(5), F.S. (state and local government entities are liable for tort claims in the same manner and to the same extent as a private individual under like circumstances, subject to the \$100,000/\$200,000 limitation on liability.)

<sup>3</sup> See *Everton v. Willard*, 468 So.2d 936 (Fla. 1985) (A law enforcement officer’s duty to protect the citizens is a general duty owed to the public as a whole; no duty of care is created absent a special duty to the victim.)

<sup>4</sup> See *State Department of Highway Patrol v. Pollack*, 745 So.2d 446 (Fla. 3<sup>rd</sup> DCA 1999); review granted 760 So.2d 947 (Fla. 2000); 760 So.2d 948 (Fla. 2000); 799 So.2d 218 (Fla. 2001) (The 3<sup>rd</sup> DCA held that violation of FHP’s internal

Statutory immunity has also been granted to privatize foster care providers,<sup>5</sup> persons who assist in containing hazardous spills,<sup>6</sup> good Samaritans,<sup>7</sup> volunteer team physicians,<sup>8</sup> and volunteers for non-profit organizations.<sup>9</sup>

**Proposed Changes:** The bill provides a presumption of non-negligence to any emergency medical dispatcher, public or private, unless the dispatcher is otherwise immune pursuant to s. 768.28, F.S., who utilizes EMD protocols. The bill also provides a presumption of non-negligence for an EMD agency, its agents, or employees if the harm was not due to proper training, implementation of standard practices and management, or utilization of standard practices.

**Emergency Medical Services Grant:** Currently, the Department of Health is authorized to make grants to local agencies and emergency services organizations to assist in providing emergency medical services.<sup>10</sup> The grant agreement requires, among other things, that all emergency vehicles and attendants must conform to state standards established by law or department rule.<sup>11</sup>

**Proposed Changes:** This bill amends s. 401.111, F.S., to include emergency medical dispatch as an emergency medical service for which a grant could be awarded.

#### C. SECTION DIRECTORY:

**Section 1** creates s.768.1335, F.S., the 'Emergency Medical Dispatch Act'; defines terms; and provides the presumption of non-negligence.

**Section 2** amends s. 401.111, F.S., to include emergency medical dispatch in Department of Health grants.

**Section 3** provides an effective date of September 11, 2003.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

#### A. FISCAL IMPACT ON STATE GOVERNMENT:

##### 1. Revenues:

None.

##### 2. Expenditures:

The Department of Health reports that this bill has no fiscal impact on the Department.

#### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

##### 1. Revenues:

None.

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operating procedures in failing to dispatch an officer was not sufficient to impose liability; Pollack appealed arguing that dispatch is an operational duty for which immunity should not apply. Oral argument was held on February 6, 2002; an opinion has not yet been issued.)

<sup>5</sup> See s. 409.1671, F.S.

<sup>6</sup> See s. 768.128, F.S.

<sup>7</sup> See s. 768.13, F.S.

<sup>8</sup> See s. 768.135, F.S.

<sup>9</sup> See s. 768.1355, F.S.

<sup>10</sup> See s. 401.111, F.S.

<sup>11</sup> See s. 401.117, F.S.

2. Expenditures:

Any local government choosing to use an emergency medical dispatch protocol would have to train personnel. The American Heart Association reports that such training costs between \$250 - \$670 per person. However, the bill provides for grants that might offset such costs.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Any private entity choosing to use an emergency medical dispatch protocol would have to train personnel. The American Heart Association reports that such training costs between \$250 - \$670 per person. However, the bill provides for grants that might offset such costs.

D. FISCAL COMMENTS:

None.

### III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not appear to require cities or counties to spend funds or take an action requiring the expenditure of funds; reduce the authority that cities or counties have to raise revenues in the aggregate; or reduce the percentage of a state tax shared with cities or counties.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

Not applicable.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Emergency medical dispatchers who are also government employees are not covered by sovereign immunity (and are personally liable) if such employee acted in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property.<sup>12</sup> Private emergency medical dispatchers retain the presumption of non-negligence if the private employee acted in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property, thus creating a discrepancy between public and private emergency medical dispatchers.

### IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

On March 26, 2003, the Judiciary Committee adopted a strike-all amendment, recommended by the Subcommittee on Claims, that made the following general changes:

- Deleted several 'whereas' clauses that might have created a cause of action against a government entity;
- Modified several definitions;

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<sup>12</sup> See s. 768.28(9)(a), F.S.

- Deleted the immunity provisions and replaced them with a presumption of non-negligence;  
This analysis is drafted to the bill as amended.