



Brienne K. Nadeau

Councilmember, Ward 1

Statement of Introduction
Reliable and Effective 911 Dispatch Amendment Act of 2023
December 1, 2023

Today, along with Councilmembers Trayon T. White, Sr., Janeese Lewis George, Zachary Parker, Robert C. White, Jr., and Kenyan R. McDuffie, I am introducing the “Reliable and Effective 911 Dispatch Amendment Act of 2023”. This bill would make needed reforms to the District’s 911 dispatch operation, which has regularly failed to deliver timely and urgent services to residents, often with tragic results.

When a person calls 911 – whether for a medical emergency, fire or crime – they need to know that their call will be answered, that the dispatcher understands what’s going on, and that they will receive help quickly. This is one of the most critical things District government must get right in order to improve public safety. Callers should be assured that help is on the way and have confidence that assistance will arrive promptly and with the appropriate resources.

I have heard from my constituents far too many instances of critical failures of the current 911 dispatch process, which are all too common. In a recent example, a resident heard and saw a shooting in front of their house; they called 911 multiple times and were put on hold each time. In other instances, medical services have been sent to the wrong address or arrived late. Call center shifts are routinely understaffed – nearly half (45%) of shifts in October were understaffed.

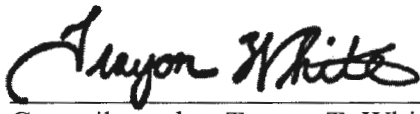
This legislation aims to optimize the operations of the Office of Unified Communication, ensuring the swiftest and *most* accurate 911 dispatch possible. It would require that all calls for fire and emergency medical services be promptly directed to a dedicated triage line within the Fire and Emergency Medical Services agency. The dispatcher would be required to exercise a “warm transfer,” ensuring that the caller speaks with a specially trained call taker from Fire and EMS before concluding the call.

The provisions of this legislation apply directly to the way in which Fire and EMS calls are handled, but also have a positive impact on *all* calls, including calls for police, by more effectively and efficiently handling fire and EMS calls.


Between 2019 and 2020, OUC and FEMS implemented a pilot “paramedic call taker” program, connecting callers with Fire and EMS, that significantly improved the triage of emergencies. The pilot reduced the number of ambulance dispatches and increased the number of cases that were effectively managed through a nurse triage line or referral to community clinics. This legislation would bring back this successful practice and make it permanent.

By more appropriately directing calls, D.C. public safety agencies will be able to more effectively utilize their existing resources. By directing emergency medical cases to staff who can triage more effectively, capacity at the 911 call center will be improved to handle other calls for public safety and violent crime. Right now, calls reporting violence and other public safety threats are sharing capacity and can be squeezed out by the 911 dispatch center’s other duties.

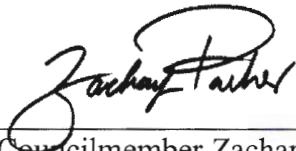
Fully implementing the program proposed in this bill would also reduce the number of times MPD has to respond to calls that could be handled by other agencies, such as the Department of Behavioral Health, which can respond to and better handle mental health and substance use disorder emergencies. Cutting down on that diversion of MPD attention can improve the capacity of the force we have.



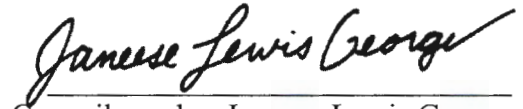
Councilmember Trayon T. White, Sr.



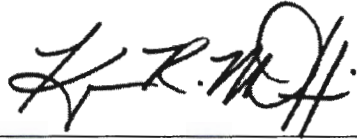
Councilmember Brianne K. Nadeau



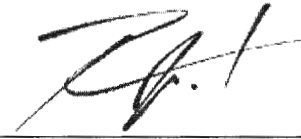
Councilmember Zachary Parker



Councilmember Janeese Lewis George



Councilmember Kenyan R. McDuffie



Councilmember Robert C. White, Jr.

A BILL

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

1 To amend the Fiscal Year 2005 Budget Support Act of 2004 to direct emergency medical 911
2 calls to the Fire and Emergency Medical Services Department for triage and dispatch.

3
4 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this
5 act may be cited as the “Reliable and Effective 911 Dispatch Amendment Act of 2023.”

6 Sec. 2. Title III, Subtitle B of the Fiscal Year 2005 Budget Support Act of 2004, effective
7 December 7, 2004 (D.C. Law 15-205; D.C. Official Code § 1-327.51 *et seq*), is amended as
8 follows:

9 (a) Section 3202 (D.C. Official Code § 1-327.51) is amended by adding a new paragraph
10 (9), to read as follows:

11 “(9) “Warm transfer” means a call that is transferred from the OUC to the Fire and

12 Emergency Medical Services Communications Center where the OUC call taker does not
13 terminate the call until the Fire and Emergency Medical Services Communications Center
14 personnel acknowledge the transfer.”.

15 (b) Section 3203 (D.C. Official Code § 1-327.52) is amended by adding a new subsection
16 (c), to read as follows:

17 “(c) The dispatch of fire and emergency medical calls shall be placed under the Fire and
18 Emergency Medical Services Department.”.

19 (c) A new section 3203a is added to read as follows:

20 “Sec. 3202a. Establishment of a Fire and Emergency Medical Services Communications
21 Center.

22 “(a) There is established, under the supervision of the Chief of the Fire and Emergency
23 Medical Services Department, a Fire and Emergency Medical Services Communications Center.

24 “(b) The staff of the Office of Unified Communications shall continue to answer all 911
25 calls. Once an OUC call taker determines that a 911 call is for fire or emergency medical
26 services, the call taker shall transfer the call to the Fire and Emergency Medical Services
27 Communications Center for further triage and dispatch.

28 “(1) Calls transferred pursuant to this subsection shall be transferred using a warm
29 transfer.

30 “(2) “Dispatch” may include referral of calls to non-emergency services
31 destinations, including to behavioral health and/or substance abuse services.

32 “(c) OUC shall coordinate with relevant agencies to establish a process for dispatching
33 life threatening, emergency calls that require dispatch of both MPD and Fire and Emergency
34 Medical Services units.

35 “(1) This process shall be designed to ensure the quickest dispatch possible.

36 “(2) This process may allow for immediate dispatch of Fire and Emergency

37 Medical Services units by OUC, followed by a warm transfer to the Fire and Emergency Medical
38 Services Communications Center for further triage and dispatch.

39 “(d) The Chief of the Fire and Emergency Medical Services Department shall establish
40 employee training and quality assurance programs for the Fire and Emergency Medical Services
41 Communications Center. The Fire and Emergency Medical Services Communications Center
42 shall be staffed by sworn firefighter and EMTs.

43 “(e) The medical protocols used by the Fire and Emergency Medical Services
44 Communications Center shall be promulgated, overseen, and evaluated, by the Medical Director
45 of the Fire and Emergency Medical Services Department.

46 “(f) Within 180 days of the launch of the Fire and Emergency Medical Services
47 Communications Center (“the Center”), and annually thereafter, the Chief of the Fire and
48 Emergency Medical Services Department shall transmit a report to the Council and the Mayor
49 summarizing:

50 “(1) The organizational structure, staffing, and operational policies and protocols
51 of the Center;

52 “(2) The number of calls, by call category, transferred to and dispatched by the
53 Center;

54 “(3) The number of errors, complaints, and compliments recorded by the Center.

55 “(4) Evaluation of the speed and accuracy of calls triaged and dispatched by the
56 Center, using national accepted standards;

57 “(5) Evaluation of the impact of the Center’s performance on Fire and Emergency

58 Medical Services Department resources and operations, including the impact on public safety
59 and patient care.”.

60 (g) Section 3204(a) (D.C. Official Code § 1-327.53(a)) is amended by adding a new
61 paragraph (1), to read as follows:

62 “(1) This subsection shall not apply to the Fire and Emergency Medical Services
63 Department.”.

64 (i) Section 3207(b) (D.C. Official Code § 1-327.56(b)) is repealed.

65 Sec. 3. Fiscal impact statement.

66 The Council adopts the fiscal impact statement in the committee report as the fiscal
67 impact statement required by section 4a of the General Legislative Procedures Act of 1975,
68 approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

69 Sec. 4. Effective date.

70 This act shall take effect after approval by the Mayor (or in the event of veto by the
71 Mayor, action by the Council to override the veto), a 30-day period of congressional review as
72 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December
73 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of
74 Columbia Register.