

Date of Hearing: April 21, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
AB 2282 (Alanis) – As Amended April 13, 2026

SUBJECT: Health facilities: emergency medical services.

SUMMARY: Requires the Department of Public Health (DPH) to issue a special permit to allow the Del Puerto Health Care District (the district) to operate one rural emergency stabilization center (RESC) and waive specified general acute care hospital licensure requirements if certain conditions are met, including that the district enter into and maintain written transport and transfer agreements with every general acute care hospital (GACH) that maintains a licensed emergency department (ED) and is located within a 30-mile radius of the RESC. Limits the term of the special permit based on prescribed factors, including the construction and licensure of a GACH with an operational ED. Specifically, **this bill:**

- 1) Requires DPH, notwithstanding any other law, to issue a special permit to the district authorizing the district to operate one rural emergency stabilization center, and authorizes DPH to waive GACH licensure requirements that, by their terms, require inpatient beds, inpatient nursing units, or other services that cannot be provided at a rural emergency stabilization center, if all of the following conditions are met:
 - a) The RESC complies with the requirements of this bill and with all ED-related requirements that DPH determines are necessary to protect patient health and safety;
 - b) The district has executed and maintains in effect written transport and transfer agreements that satisfy the requirements of 2) below; and,
 - c) The operation of the RESC is consistent with, and does not abrogate, any applicable collective bargaining agreement covering employees of the district or of any contracting hospital or other health care entity providing services at the RESC.
- 2) Requires, as a condition of operation under this bill, the district to enter into and maintain written transport and transfer agreements with every GACH that maintains an ED and is located within a 30-mile radius of the RESC, as measured along commonly used public roadways. Requires each agreement, at a minimum, to address acceptance of transfers when clinically appropriate and subject to capacity, transfer timeframes, communication protocols, and coordination with ambulance providers serving the area.
- 3) Requires a RESC to comply with all of the following requirements:
 - a) Provide medical screening, stabilization, and triage for all patients who present with an emergency medical condition, without regard to insurance status or ability to pay;
 - b) Comply with nurse-to-patient staffing requirements equivalent to those for a basic ED, as specified in regulations adopted pursuant to 3) of Existing Law, below;

- c) Maintain onsite, at all times, at least one physician with training and experience in emergency medicine, as determined by DPH, and sufficient additional qualified medical, nursing, and ancillary staff to provide safe emergency care;
 - d) Provide or contract for basic laboratory and radiology services, as determined by DPH to be appropriate and feasible in a RESC setting;
 - e) Adopt and implement written policies and procedures for triage, transfer, and coordination with the local emergency medical services agency (LEMSA), including criteria for when patients shall be transported directly to a GACH ED rather than to the RESC; and,
 - f) Operate in a manner that does not diminish or impair any right or protection afforded to employees under an applicable collective bargaining agreement, including, but not limited to, wages, hours, and working conditions.
- 4) Prohibits the RESC from maintaining licensed inpatient beds and admitting patients as inpatients. Requires the RESC, consistent with patient safety, to transfer or discharge patients within 24 hours of registration, except in an emergency where a longer period is necessary to stabilize the patient for safe transfer.
 - 5) Requires the district to report to DPH any case in which a patient remains at the RESC for more than 24 hours from registration.
 - 6) Requires the district to apply for the special permit on a form and in a manner prescribed by DPH and to submit any information DPH deems necessary to evaluate compliance with this bill.
 - 7) Authorizes DPH to inspect the RESC at any time to verify compliance and to deny, suspend, or revoke the special permit for noncompliance with this bill or any other applicable law, following notice and an opportunity for hearing.
 - 8) Requires a RESC authorized under this bill to submit utilization and outcomes data to DPH, and to the Department of Health Care Access and Information (HCAI) if required, in the form and at intervals specified by DPH.
 - 9) States that this bill applies only to the district and to a single RESC operated by the district. Prohibits another entity from relying on this bill as authority to operate a RESC.
 - 10) Requires the special permit issued under this bill to have an initial term of two years and authorizes DPH to renew the permit for successive terms of two years, not to exceed a cumulative total of 10 years from the date of initial issuance, except as provided in 11) -13) below.
 - 11) Requires DPH if, before the end of the cumulative 10-year period described in 10) above, the district submits complete construction documents for a hospital project to HCAI for review, DPH to extend the term of the special permit until the earlier of either of the following:
 - a) Issuance of a certificate of occupancy for the hospital project; or,
 - b) Fifteen years from the date of initial issuance of the special permit.

- 12) Requires DPH, if, before the end of the cumulative periods described in 10) or 11) above, the district commences construction of the hospital project, DPH to further extend the term of the special permit until both of the following have occurred:
 - a) The hospital project has received a certificate of occupancy and an initial license as a GACH as defined in 1) of Existing Law below.
 - b) The governing board of the district has adopted a resolution finding that the hospital's ED is open and able to receive patients at the intended level of service.
- 13) Prohibits the special permit from remaining in effect later than one year after the date on which the hospital project first begins providing ED services to the public.
- 14) Requires, upon the latter of the events described in 12) above, both of the following to apply:
 - a) The special permit and any licensure waiver authorized by this bill to become inoperative for new patient registrations at the RESC, except as necessary to complete the transfer or discharge of patients then under care; and,
 - b) The district to wind down and cease operation of the RESC as expeditiously as is consistent with patient safety and in no event later than one year after the date on which the hospital project first begins providing ED services to the public.
- 15) Repeals all of the provisions above on January 1 of the year following the date on which the RESC ceases operations pursuant to 14), this section is repealed.
- 16) Finds and declares that a special statute is necessary and that a general statute cannot be made applicable within the meaning of Section 16 of Article IV of the California Constitution because of all of the following:
 - a) Residents, workers, and visitors in the City of Patterson Del Puerto Health Care District in the County of Stanislaus face comparable—and in many cases more burdensome—access conditions to emergency medical services when compared to other designated areas;
 - b) Average travel distances in the City of Patterson located in Del Puerto Health Care District to the nearest full-service acute care hospital or trauma center are approximately 21 miles, with average drive times of 36 minutes or more;
 - c) These access delays are driven by persistent geographic isolation, limited roadway options, agricultural and freight traffic, rail crossings, State Highway 33 congestion, and weather-related disruptions, including fog and flooding; and,
 - d) The access challenges in the City of Patterson Del Puerto Health District reflect structural constraints and ongoing gaps in timely emergency medical services in a rural, medically underserved community, rather than temporary emergencies such as wildfires.

EXISTING LAW:

- 1) Licenses GACHs under DPH. Defines GACHs as hospitals that provide 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. [HSC § 1250(a)]
- 2) Permits GACHs, in addition to the basic services all hospitals are required to offer, to be approved by DPH to offer special services, including, but not limited to, a radiation therapy department, a burn center, an emergency center, a hemodialysis center or unit, psychiatric services, intensive care newborn nursery, cardiac surgery, cardiac catheterization laboratory, and renal transplant. [HSC § 1255]
- 3) Requires DPH to adopt regulations that establish minimum, specific, and numerical licensed nurse-to-patient ratios, by licensed nurse classification and by hospital unit, for hospitals, and requires these ratios to constitute the minimum number of registered and licensed nurses that must be allocated. [HSC § 1276.4]
- 4) Prohibits any person or public agency to advertise itself as, or hold itself out as, providing emergency medical services (EMS), by using any words which suggest that it is staff and equipped to provide EMS unless the person or public agency meets one of the following:
 - a) Is a GACH providing approved standby, basic, or comprehensive EMS; or,
 - b) Meets specified minimum standards, including having EMS available in the facility seven days a week, 24 hours a day, has equipment, medication and personnel experienced in the provision of services needed to treat life-threatening conditions, and diagnostic radiology and clinical laboratory services are provided by persons on duty or on call and available when needed. [HSC § 1798.175]
- 5) Permits, in rural areas, when the use of a hospital having a basic ED is precluded because of geographic or other extenuating circumstances, the local emergency medical services agency (LEMSA) to authorize another facility to receive patients requiring EMS if the facility has adequate staff and equipment to provide these services, as determined by the medical director of the LEMSA. [HSC § 1798.101]
- 6) Requires DPH to issue a special permit to allow a GACH to offer emergency stabilization services at a location in the town of Paradise within Butte County, serving the same area previously served by Feather River Hospital that was destroyed by the Camp Fire in 2018, at a location that is neither inside nor contiguous to the applicant hospital, if the hospital meets certain requirements, as specified. States that it is not the intent of the Legislature to establish a model for a freestanding emergency department, which is currently, and remains, prohibited by state law. Sunsets these provisions on January 1, 2028. [HSC § 1251.6]

FISCAL EFFECT: Unknown. This bill has not been analyzed by a fiscal committee.

COMMENTS:

- 1) **PURPOSE OF THIS BILL.** According to the author, this bill will help ensure families in Patterson have access to emergency care when they need it most. Today, individuals experiencing medical emergencies must travel more than 20 miles to reach the nearest

hospital. When someone is suffering a heart attack, stroke, or traumatic injury, those extra miles can mean the difference between life and death. The author states that this bill provides a practical and temporary solution by allowing a licensed hospital to operate a 24/7 emergency stabilization site in the community, while a permanent hospital facility is being planned and constructed. The author concludes that every Californian deserves timely access to EMS, regardless of where they live and this bill will help close a critical gap in care, improve health outcomes, and bring life-saving services closer to our residents who need them most.

2) BACKGROUND.

a) **Health Care Districts.** The Local Hospital District Law was established in 1945 to authorize special districts to build and operate hospitals and other health care facilities in underserved areas. Legislation in 1994 renamed it the Local Health Care District Law to reflect the fact health care was increasingly being provided outside of the hospital setting. Health care districts are a form of special district. Special districts are local governments that are legally separate from counties and cities, and they have the authority to build public works projects and run programs, and the power to impose taxes to raise funds to pay for these services. Special districts have the ability to enter into contracts, purchase property, exercise eminent domain, issue debt, and hire staff. Each health care district is governed by a locally elected five-member board of directors and are subject to state policies and regulations as applied by each county's Local Agency Formation Commission.

There are currently 77 health care districts, and most of these were established in the first two decades following enactment of the Local Hospital District Law. Of these, 33 own and operate hospitals, while a handful of others own either the hospital or the land and lease the hospital to another entity to operate the hospital. The remainder operate ambulance services, clinics, skilled nursing facilities, or do not provide any direct health services. Most health care districts receive a share of local property taxes, which varies among districts. Health care districts can also generate revenues from other resources, including property lease income and interest earnings from investments, or by creating debt to borrow money for capital projects.

b) **Emergency Medical Services Authority (EMSA) and EMS.** 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 LEMSAs. California has 34 LEMSAs 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 32 counties and 26 single-county LEMSAs. Both single and multi-county LEMSAs develop and submit five-year EMS plans and annual updates to EMSA for a local emergency EMS system according to the state system standards and guidelines. The purpose of the local EMS plans is to meet community EMS needs through the effective utilization of local resources.

c) **Alternative method of providing urgent/emergency care in rural areas.** One example of a rural region's approach to provide urgent medical care services is on the North Coast of California. The Coast Life Support District (CLSD) was established in 1986 to provide

EMS in portions of Sonoma and Mendocino Counties, covering 60 miles of coastline. There are no hospitals within the district. From its center, the closest medical facilities with 24-hour medical care are a minimum of 90 minutes to two hours travel time traversing the coast highway. These are some of the longest transports in California to tertiary care. CLSD provides ambulance transport (both a 24-7 advanced life support ambulance and an on-call basic life support ambulance), as well as emergency response training for fire departments, and CPR/AED training to the community. CLSD has entered into, or funded, contracts with health care professionals and otherwise augmented the provision of urgent and immediate care services in Gualala (where the district is headquartered), as well as EMS throughout CLSD. Care is provided at Redwood Coast Medical Services (RCMS), which is a Federally Qualified Health Center (FQHC). Because this FQHC is in a rural area, it also provides immediate and urgent care services that are more expansive than their urban counterparts. RCMS has been approved as an Alternative EMS Receiving Facility for the Coastal Valleys EMS Region (the LEMSA for that region), which means it can receive 911 ambulance transports for patients that meet criteria eligible to be seen at RCMS. CLSD uses the proceeds from a local benefit assessment to contract with RCMS to provide urgent care from 8:00 a.m. to 6:00 p.m., seven days per week.

- d) Del Puerto Health Care District (DPHCD) and the community of Patterson.** Founded in 1946 as the Patterson Hospital District, DPHCD has served the 366-square-mile west Stanislaus County region for nearly eight decades, operating a hospital (1950–1998), a Rural Health Clinic (2003–present), and a 24/7 ALS ambulance service since 1970.

The hospital closed in 1998. Regionalization, insurance restructuring, and physician shortages forced the closure. Patterson has had no local emergency room or inpatient hospital for over 26 years, leaving residents more than 18 miles from the nearest acute care facility via 15 miles of secondary roads.

Access to care is Stanislaus County's top health issue. One in three Patterson residents reported being unable to access needed medical care in the past year. According to recent census data, 28% depend on Medi-Cal. The community is overwhelmingly working-class and predominantly Latino, with a median age of just 31. The ambulance gap is a community safety crisis. When a Patterson resident calls 911, the responding unit is out of service for a minimum of 1 hour and 20 minutes per transport — leaving the entire west side uncovered while the unit travels to, offloads at, and returns from an already-overwhelmed regional hospital.

Patterson is one of California's fastest-growing cities, having grown by 100% from under 12,000 residents in 2000 to over 26,000 today, Patterson has grown more than 109%. With 10,000 new homes approved, the population is projected to reach 66,000 to 70,000 within 10 to 15 years, with no corresponding growth in local healthcare infrastructure.

- e) Temporary solution.** This bill authorizes DPHCD to operate a 24/7 RESC facility in Patterson staffed by board-certified emergency physicians with hospital-level standards while a permanent hospital is built. Approved by the DPHCD Board in December 2025 and submitted to the City of Patterson in March 2026, the proposed campus includes a new ambulance hub, behavioral health center, 80,000 sq ft medical office building, assisted living facility, and a 25-bed Critical Access Hospital with heliport.

Groundbreaking is set for 2027. The hospital is projected to open between 2040 and 2045. DPHCD is using a public-private partnership model, mixed-use revenue cross-subsidies, and special district investment authority to make the financing viable.

- 3) SUPPORT.** This bill is sponsored by the Del Puerto Health Care District and supported by the Association of California Health Care Districts, Patterson Joint Unified School District, and the Stanislaus Latino Chamber of Commerce among others. The supporters of this bill note that Patterson, located in western Stanislaus County, is one of California's fastest-growing and most medically underserved rural cities. With a population of over 25,000, overwhelmingly working-class, predominantly Latino, and over 25% dependent on Medi-Cal, Patterson residents face a stark reality: when a medical emergency strikes, there is no local ED. They must endure a minimum 25-minute ambulance ride to reach the nearest hospital ED, where high demand can contribute to delays in patient handoff and placement.

The supporters state that this is not a minor inconvenience. It is a public health emergency in slow motion. The supporters argue that this bill does not ask California to fund a new facility, create a new regulatory framework, or make a permanent change to state law. It authorizes a single, narrowly scoped special permit that allows DPHCD, a trusted community institution serving the west side of Stanislaus County since 1946, to operate a rural emergency stabilization center in Patterson while its permanent hospital campus is under development, with campus groundbreaking anticipated in 2027 and a full hospital expected between 2040 and 2045. Supporters continue that this bill holds DPHCD accountable to its own construction timeline while protecting residents in the meantime. The supporters conclude that Patterson families cannot wait until 2040 for access to emergency care and that this bill is a carefully designed, fiscally responsible, and time-limited solution to a gap that has left tens of thousands of Californians without a lifeline in their most vulnerable moments.

4) PREVIOUS LEGISLATION.

- a)** SB 588 (Ochoa Bogh) of 2025 would have required HCAI to conduct a comprehensive feasibility study on the implementation of freestanding emergency departments in rural, disadvantaged, and underserved areas with limited access to emergency care, and to report its findings and recommendations to the Legislature by January 1, 2027. SB 588 was held in the Senate Health Committee.
- b)** SB 156 (Nielsen), Chapter 839, Statutes of 2019, required DPH to issue a special permit to a hospital to offer emergency stabilization services at the site of the former Feather River Hospital in Paradise for up to six years, if certain requirements were met.
- c)** SB 787 (Bates) of 2015 and AB 911 (Brough) of 2015 would have permitted Saddleback Memorial Medical Center to operate an ED at its San Clemente campus, subject to approval by DPH, even if the San Clemente campus stopped providing acute care services (thereby permitting a freestanding ED), subject to specified conditions. SB 787 failed passage in the Senate Health Committee. AB 911 failed passage in the Assembly Health Committee.
- d)** AB 717 (Gordon) of 2005 would have allowed the Centinela Airport Clinic to receive private and government reimbursement rates equivalent to that of a contiguous ED of a GACH if certain specified requirements were met. AB 717 failed passage in the Senate Health Committee.

- 5) **AMENDMENTS.** As currently drafted, this bill requires the special permit issued under this bill to have an initial term of two years and authorizes DPH to renew the permit for successive terms of two years, not to exceed a cumulative total of 10 years from the date of initial issuance, with the opportunity for extensions, and sunsets the authorization for the RESC one year after the completion of the hospital. The Committee may wish to amend this bill to also require the DPHCD to provide construction updates to HCAI once the new hospital is under construction.

REGISTERED SUPPORT / OPPOSITION:

Support

Del Puerto Health Care District (sponsor)
American Nurses Association
Association of California Healthcare Districts
California Special Districts Association
Del Puerto Health Care District
Stanislaus Latino Chamber of Commerce

Opposition

None on file

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