

Date of Hearing: May 13, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

AB 2282 (Alanis) – As Amended April 23, 2026

Policy Committee: Health

Vote: 16 - 0

Urgency: No

State Mandated Local Program: No

Reimbursable: No

**SUMMARY:**

This bill requires the California Department of Public Health (CDPH) to issue a special permit to allow the Del Puerto Health Care District (district) to operate one rural emergency stabilization care unit (RESCU) and waive specified general acute care hospital licensure requirements if certain conditions are met.

This bill also:

1) Finds and declares the following:

- a) The district is planning and developing a health care campus in the City of Patterson that will include an ambulance and administration center, primary and behavioral health services, and, in later phases, higher acuity services such as skilled nursing and an acute care hospital, in order to meet current and future community health needs.
- b) During the period in which the district is planning, developing, and constructing new facilities and expanded services, it is necessary to ensure that residents of the City of Patterson and surrounding communities have access to emergency stabilization services close to home, including services that can appropriately receive and stabilize patients prior to transport to a general acute care hospital (GACH) when clinically indicated.
- c) It is the intent of the Legislature in enacting this section to permit the district to provide emergency stabilization services at a RESCU that is neither inside nor contiguous to a GACH, to ensure that residents of the City of Patterson and the surrounding communities have access to emergency stabilization services during the development and implementation of the district's long-term health care campus plans.

2) Requires the district to enter into and maintain written transport and transfer agreements with every GACH that maintains an emergency department (ED) and is located within a 30-mile radius of the RESCU, to address acceptance of transfers, transfer timeframes, communication protocols, and coordination with ambulance providers.

3) Requires the RESCU to comply with specified requirements related to services provided, nurse staffing ratios, laboratory and radiology services, presence of an emergency medicine physician and sufficient additional staffing, and the adoption of written policies and procedures for triage, transfer, and coordination with the local emergency medical services

agency (LEMSA), including criteria for when patients must be transported directly to a GACH ED rather than to the RESCU.

- 4) Requires the hospital to report quarterly to HCAI on its progress to timely complete its plan.
- 5) Prohibits the RESCU from maintaining inpatient beds and admitting patients as inpatients and requires the RESCU, consistent with patient safety, to transfer or discharge patients within 24 hours of registration, except as specified.
- 6) Requires the RESCU to submit utilization and outcomes data to CDPH and to HCAI.
- 7) Requires the special permit and any licensure waiver authorized by this bill to become inoperative for new patient registrations at the RESCU, and the district to wind down and cease operation of the RESCU as expeditiously as is consistent with patient safety and no later than one year after the date on which the hospital project first begins providing ED services to the public.
- 8) Repeals all of the provisions above on January 1 of the year following the date on which the RESCU ceases operations.

#### **FISCAL EFFECT:**

Costs to CDPH of an unknown, but likely minor and absorbable, amount (Licensing and Certification Fund).

HCAI estimates one-time General Fund (GF) costs of approximately \$650,000 for consulting and professional services expertise and adoption of emergency regulations, including entries for federal Centers for Medicare and Medicaid Services regulations and other state and federal requirements, as well as updates to its eServices Portal.

HCAI states it also needs \$672,000 in fiscal year 2026-27 and ongoing for two positions: one Senior Architect to develop and implement the Emergency Regulations for a new building category designation and to perform plan review, and one structural engineer to ensure seismic safety compliance.

The Legislative Analyst's Office recently warned of General Fund structural deficits of around \$35 billion per year in the 2027-28 fiscal year and ongoing.

#### **COMMENTS:**

- 1) **Purpose.** This bill is sponsored by Del Puerto Health Care District. According to the author:

[This bill] helps 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.

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.

Every Californian deserves timely access to emergency medical services, regardless of where they live. AB 2282 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.** Founded in 1946 as the Patterson Hospital District, the district 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 ambulance service since 1970. According to the Assembly Health Committee analysis, regionalization, insurance restructuring, and physician shortages forced the hospital to close in 1998. Meanwhile, Patterson’s population has grown more than 109% since 2000, from 12,000 residents to more than 26,000 residents today. With 10,000 new homes approved, the population is projected to reach 66,000 to 70,000 within 10 to 15 years. 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. 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.

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