

ASSEMBLY THIRD READING

AB 2282 (Alanis)

As Amended April 23, 2026

Majority vote

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 care unit (RESCU) 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.

COMMENTS

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.

Emergency Medical Services Authority (EMSA) and Emergency Medical Services (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 emergency service authorities (LEMSAs). California has 34 LEMSA 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.

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.

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.

Temporary solution. This bill authorizes DPHCD to operate a 24/7 RESCU 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.

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.

Arguments in 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.

Arguments in Opposition

The California Chapter of the American College of Emergency Physicians (California ACEP), states that in 2019 California ACEP negotiated amendments to SB 156 (Nielsen) which allowed for the permitting of a free standing emergency department (FSED) after the destruction of Feather River Hospital by the Camp Fire in 2018 and appreciate the authors' inclusion of patient safety conditions into this bill. California ACEP notes that even with those patient safety protections, this does not address their around the stability of the safety net for communities beyond Patterson. California ACEP contends that FSEDs threaten the precarious financial stability of the emergency care safety net and of hospital-based care. Hospitals are reimbursed based on the insurance of the patients they treat. Hospitals with low-reimbursing payer mixes are in unstable financial situations. When a FSED is built, it changes the payer mix of existing hospitals in the surrounding region and can jeopardize their fragile funding. California ACEP argues that allowing the construction of a FSED as authorized by SB 156 did not threaten the payer mix of nearby hospitals, since Feather River Hospital was already treating patients there. The same would not be true if a FSED is allowed to be built in Patterson and patients who were seeking care elsewhere got treatment in Patterson instead.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, Costs to the Department of Public Health of an unknown, but likely minor and absorbable, amount (Licensing and Certification Fund).

The Department of Health Care Access and Information (HCAI) estimates one-time General Fund 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.

VOTES**ASM HEALTH: 16-0-0**

YES: Bonta, Chen, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 15-0-0

YES: Wicks, Hoover, Aguiar-Curry, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa

UPDATED

VERSION: April 23, 2026

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FN: 0002972