SENATE COMMITTEE ON APPROPRIATIONS
Senator Sabrina Cervantes, Chair
2025 - 2026 Regular Session

AB 2282 (Alanis) - Health facilities: emergency medical services

Version: June 22, 2026
Urgency: No
Hearing Date: August 3, 2026
Policy Vote: HEALTH 6 - 1
Mandate: No
Consultant: Agnes Lee

Bill Summary: AB 2282 would require the California Department of Public Health (CDPH) to issue a waiver for a general acute care hospital, so long as it is publicly owned and operated, in collaboration with Del Puerto Health Care District, to provide emergency stabilization services at a rural emergency stabilization care unit, as specified.

Fiscal Impact:

- The Department of Health Care Access and Information (HCAI) estimates the following General Fund costs:
  - $650,000 in one-time costs for consulting and professional services expertise and execution of emergency regulations. Costs would also cover updates to the eServices Portal to receive and process the requirements of the project.
  - $672,000 in 2026-27 and ongoing thereafter for staffing resources. Positions include a Senior Architect to develop and implement emergency regulations for a new building category designation and perform plan review, and a District Structural Engineer responsible for seismic safety compliance.
- The CDPH anticipates minor and absorbable costs for licensure and enforcement activities.

Background:

Freestanding Emergency Departments. In California, in order to offer emergency medical services, a facility must provide certain services, such as intensive care, radiology, and surgical services that are immediately available for life-threatening situations, which essentially requires an emergency department (ED) to be part of a hospital. In other states, some freestanding EDs operate as part of a hospital system and must be within a certain distance of the affiliated hospital and some freestanding EDs are independent and not affiliated with a hospital. California does not have licensed freestanding EDs.

Del Puerto Health Care District. The Del Puerto Health Care District was originally established in 1946 as the Patterson Hospital District. The district opened a hospital in downtown Patterson, and in 1976 launched the Patterson District Ambulance. According to the district, the hospital was forced to close in 1998 due to financial challenges, doctor shortages, and the restructuring of medical insurance networks. At

this time, the district was renamed the Del Puerto Health Care District. The district opened the Del Puerto Health Center in 2003, which operates a community clinic and also provides urgent care services. The Patterson District Ambulance provides 24-hour emergency medical services to Patterson and the surrounding communities, including event standby services. The district has developed a mixed-use campus master plan that would consolidate a number of primary care and support services into a coordinated system, and would include a critical access hospital.

Proposed Law: Specific provisions of the bill would:

- Require CDPH to issue a waiver for a general acute care hospital, so long as it is publicly owned and operated, in collaboration with Del Puerto Health Care District, to provide emergency stabilization services at a rural emergency stabilization care unit that is neither inside nor contiguous to the applicant hospital; and require CDPH to waive general acute care hospital licensure requirements that, by their terms, require inpatient beds, inpatient nursing units, or other services that cannot be provided onsite but are provided in a noncontiguous setting, if specified conditions are met.

- Define “rural emergency stabilization care unit” to mean a facility operated by the district that is not licensed as a general acute care hospital, is not located inside or contiguous to a general acute care hospital, and provides 24-hour emergency medical screening, stabilization, and triage services for unscheduled patients who present with emergency medical conditions.

- State that it is not the intent of the Legislature to establish a model for a freestanding ED, which is currently, and remains, prohibited by state law.

- Provide that these provisions remain operative only until a hospital build is completed within a five-mile radius of the emergency stabilization care unit or within 10 years from the initial issuance of the waiver issued unless, prior to the expiration of that 10-year period, the district has submitted complete construction documents to the HCAI for review of a general acute care hospital or has commenced vertical construction of that hospital, in which case these provisions must remain operative until issuance of a certificate of occupancy for that hospital.

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