CONCURRENCE IN SENATE AMENDMENTS
AB 2282 (Alanis)
As Amended August 13, 2026
Majority vote

SUMMARY

Requires the California Department of Public Health (DPH) to issue *a waiver for a publicly owned general acute care hospital (GACH), located within the City of Patterson, to provide emergency stabilization services at a rural emergency stabilization care unit (RESCU) that is neither inside nor contiguous to the applicant hospital, if certain requirements are met, including that the locations meets regulatory requirements applicable to emergency departments, as specified.*

Senate Amendments
Delete the requirement that DPH provide 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, to instead require DPH to issue a waiver for a publicly owned GACH located in the City of Patterson to provide emergency stabilization services, as specified.

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.

Del Puerto Health Care District. Del Puerto Health Care District was originally established in 1946 as the Patterson Hospital District. In 1949-1950, it opened a hospital in downtown Patterson, and in 1976 launched its own ambulance service, 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. It opened the Del Puerto Health Center in 2003, which is a community clinic open Monday through Friday from 8:00 am to 5:00 pm, with urgent care on Tuesdays and Thursdays from 5:00 pm to 8:00 pm. 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.

Hospitals closest to the District. The City of Patterson is located in western Stanislaus County, along a stretch of Interstate 5 without freeway access to any nearby hospitals. The closest

hospitals require heading east along surface streets or smaller highways to Emanuel Medical Center in Turlock, about 19 miles/30 minutes away without traffic according to Google Maps, or one of several hospitals in Modesto, where the closest hospital is Doctor's Medical Center, which is about 21 miles/32 minutes away without traffic.

This bill requires a licensed hospital to apply for a waiver to work with the District to offer the RESCU. The licensed hospital is required to be publicly owned and operated. The closest publicly owned and operated hospital is Oak Valley Hospital in Oakdale, operated by the Oak Valley Hospital District. Oak Valley Hospital is about 35 miles/50 minutes away with no traffic. However, this bill still requires transfer agreements with all hospitals with emergency departments (EDs) within a 25-mile radius.

Description of regulations this bill requires the RESCU to meet. Among other requirements, this bill requires the RESCU location to meet certain specified regulatory requirements. These regulatory requirements are to the "basic" level of a hospital ED, which requires an emergency physician on duty at all times. The specified regulations include almost all the requirements of a regular hospital ED except for the requirement to physically be in a hospital. However, it excludes the requirement to have surgical services immediately available along with postanesthesia recovery services, or to have intensive care service capabilities.

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 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.

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 emergency medical services (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 cardiopulmonary resuscitation/automated external defibrillator (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 local emergency medical services agency 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.

Patterson, California. 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.

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 waiver that allows a trusted community institution serving the west side of Stanislaus County since 1946*, to operate a RESCU in Patterson while its permanent hospital campus is under development. 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) is opposed to this bill and states that free-standing emergency departments are facilities that provide urgent care but are not attached to acute care hospitals. California ACEP notes that the organizations has historically opposed legislative efforts to allow freestanding EDs to operate in

California out of concern for jeopardizing patient safety and their impacts to the emergency care safety net.

FISCAL COMMENTS

According to the Senate Appropriations Committee, the Department of Health Care Access and Information (HCAI) estimates $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. HCAI also estimates $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.

DPH anticipates minor and absorbable costs for licensure and enforcement activities.

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

ASSEMBLY FLOOR: 76-0-4
YES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Johnson, Kalra, Krell, Lackey, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Ramos, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
ABS, ABST OR NV: Jackson, Lee, Quirk-Silva, Celeste Rodriguez

UPDATED

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