

Date of Hearing: April 14, 2026

Counsel: Ilan Zur

ASSEMBLY COMMITTEE ON PUBLIC SAFETY

Nick Schultz, Chair

AB 2318 (Elhawary) – As Amended April 7, 2026

**SUMMARY:** Prohibits a federal, state, or local law enforcement officer from denying or delaying access to medical treatment for an individual in custody or detention if it is safe and reasonable to provide access to treatment, as specified, and requires law enforcement officers to provide written documentation when they do deny or delay access to medical treatment.

Specifically, **this bill:**

- 1) Makes it unlawful for any federal, state, or local law enforcement officer to deny, delay, obstruct, or fail to facilitate access to medical evaluation or treatment for an individual in custody, detention, or under law enforcement control if it is safe and reasonable to provide access to the treatment and a medical professional is present or has been requested.
- 2) Requires federal, state, and local law enforcement, to the extent disclosure does not compromise an ongoing criminal investigation or officer safety, if access is denied or delayed when a medical professional is present, to provide written documentation indicating the basis for denial within 72 hours of the incident that meets all of the following requirements:
  - a) States the basis for denial or delay.
  - b) Identifies the specific threat relied upon.
  - c) Provides a detailed incident narrative that includes, but is not limited to, time of the incident, location of the incident, and personnel involved in the incident.
  - d) Includes any available supporting evidence, including body-worn camera footage, radio transmissions, or written incident reports.
  - e) Requires this reporting to be provided to the relevant civilian oversight body responsible for reviewing law enforcement conduct, the Office of the Inspector General (OIG), or the Attorney General (AG).
- 3) Provides that failure to comply with the above provisions may result in administrative discipline, including suspension or termination.
- 4) Requires the Commission on Peace Officer Standards and Training (POST) to incorporate guidance on facilitating emergency medical access, scene security standards, and coordination with emergency medical services into law enforcement training curricula.
- 5) Defines the following terms:

- a) “Law enforcement” means any federal, state, or local law enforcement, acting under the color of the law, to the extent permitted by federal law.
- b) “Medical professional” means an individual licensed or certified to provide emergency medical care.

**EXISTING LAW:**

- 1) Requires each law enforcement agency, by January 1, 2021, to maintain a policy that provides a minimum standard on the use of force, which among other things, must include a requirement that officers promptly provide, if properly trained, or otherwise promptly procure medical assistance for persons injured in a use of force incident, when reasonable and safe to do so. (Gov. Code, § 7286, subd. (b)(15).)
- 2) Requires POST to implement a course or courses of instruction for the regular and periodic training of law enforcement officers in the use of force and shall also develop uniform, minimum guidelines for adoption and promulgation by California law enforcement agencies for use of force. (Pen. Code, § 13519.10, subd. (a)(1).)
- 3) Requires the course or courses of the regular basic course for law enforcement officers and the guidelines to include, among other things, using public service, including the rendering of first aid, to provide a positive point of contact between law enforcement officers and community members to increase trust and reduce conflicts. (Pen. Code, § 13519.10, subd. (b)(14).)
- 4) Encourages law enforcement agencies to include, as part of their advanced officer training program, periodic updates and training on the use of force. (Pen. Code, § 13519.10, subd. (c).)
- 5) Requires specified law enforcement officers, except those whose duties are primarily clerical or administrative, to meet specified training standards for the administration of first aid and cardiopulmonary resuscitation, which shall include instruction in the use of a portable manual mask and airway assembly designed to prevent the spread of communicable diseases, requires satisfactory completion of periodic training or appropriate testing in cardiopulmonary resuscitation and other first aid, and requires the POST basic course of training to include adequate instruction in the above. (Pen. Code, § 13518, subs. (a) & (b).)
- 6) Authorizes law enforcement agencies employing peace officers to provide to each peace officer an appropriate portable manual mask and airway assembly for use when applying cardiopulmonary resuscitation. (Pen. Code, § 13518.1.)
- 7) Authorizes a peace officer to release a person arrested without a warrant, instead of taking the person before a magistrate, if, among other reasons, the person was arrested only for being under the influence and the person is delivered to a facility or hospital for treatment and no further proceedings are desirable, the person was arrested for driving under the influence and the person is delivered to a hospital for medical treatment that prohibits immediate delivery before a magistrate, the person was arrested and subsequently delivered to a hospital or other urgent care facility, as specified, and no further proceedings are desirable, or the person was arrested and subsequently delivered or referred to a public health

or social service organization that provides services including medical care, and the organization agrees to accept the delivery or referral, and no further proceedings are desirable. (Pen. Code, § 849, subd. (b)(3)-(6).)

- 8) Authorizes a court to order the removal of a prisoner confined in any city or county jail to a hospital when it is made to appear by any judge by affidavit of the sheriff or district attorney and oral testimony that a prisoner requires medical or surgical treatment necessitating hospitalization, which treatment cannot be furnished at the city or county jail. (Pen. Code, § 4011.), subd. (a).)
- 9) Authorizes a sheriff or jailer, who determines that a prisoner in a county jail or a city jail is in need of immediate medical or hospital care, and that the health and welfare of the prisoner will be injuriously affected unless the prisoner is removed to a hospital, to remove the prisoner to a hospital, without first obtaining a court order, as specified. (Pen. Code, § 4011.5.)
- 10) Requires each law enforcement agency to report to the DOJ on a monthly basis all instances when a peace officer employed by that agency is involved in specified incidents, including an incident involving the shooting of a civilian by a peace officer, the shooting of a peace officer by a civilian, the use of force by a peace officer against a civilian that results in serious bodily injury or death, and use of force by a civilian against a peace officer that results in serious bodily injury or death, and to include specified information relating to the incident, including whether any medical aid was rendered. (Gov. Code, § 12525.2, subs. (a) & (b)(12).)
- 11) Provides that in any case in which a person dies while in the custody of a law enforcement agency or a local or state correctional facility, the applicable agency shall report in writing to the Attorney General, within 10 days after the death, all facts in the possession of the agency concerning the death. (Gov. Code, § 12525, subd. (a).)
- 12) Provides that if any of the in-custody death report changes or if new information becomes available regarding the death, including, but not limited to, the manner and means of death, the agency shall update its written report to the Attorney General within 10 days of the date of the change or the date the new information becomes available. (Gov. Code, § 12525, subd. (b).)
- 13) Provides that such in-custody death reports are public records within the meaning of the California Public Records Act and are open to public inspection. (Gov. Code, § 12525.)
- 14) Provides that when a person in custody dies, the agency with jurisdiction over the state or local correctional facility with custodial responsibility for the person at the time of their death shall post the following information on its website for the public to view within 10 days of the date of death.
  - a) The full name of the agency with custodial responsibility at the time of death;
  - b) The county in which the death occurred;

- c) The facility in which the death occurred, and the location within that facility where the death occurred;
  - d) The race, gender, and age of the decedent;
  - e) The date on which the death occurred;
  - f) The custodial status of the decedent, including, but not limited to, whether the person was awaiting arraignment, awaiting trial, or incarcerated; and
  - g) The manner and means of death. (Pen. Code, § 10008, subs. (a) & (b).)
- 15) Defines “in custody death,” for purposes of the above reporting requirement, to mean the death of a person who is detained, under arrest, or is in the process of being arrested, is in route to be incarcerated, or is incarcerated at a municipal or county jail, state prison, state-run boot camp prison, boot camp prison that is contracted out by the state, any state or local contract facility, or other local or state correctional facility, including any juvenile facility. “In-custody death” also includes deaths that occur in medical facilities while in law-enforcement custody. (Pen. Code, § 10008.)

**FISCAL EFFECT:** Unknown

**COMMENTS:**

- 1) **Author's Statement:** According to the author, “Far too many individuals have died at the hands of ICE in this year alone. We saw how medical treatment for Renee Nicole Good was consistently denied for no logical reason. This bill is a critical step in increasing transparency regarding access to medical treatment at the scene of incidents, while making it easier for medical professionals to provide lifesaving interventions.”
- 2) **Impetus for this Bill:** The impetus for this bill is the January 7, 2026, shooting of Renee Nicole Good by an Immigration and Customs Enforcement (ICE) officer. After the shooting, witnesses to the scene claimed that federal officers impeded emergency medical personnel from accessing the scene by blocking the road with their vehicles.<sup>1</sup> A video from the scene shows that a man who identified himself as a physician attempted to check Renee Good for a pulse, but was rejected by the federal officers who claimed they had their own medics.<sup>2</sup> Ultimately, firefighters began lifesaving measures, and Ms. Good was transported to a local medical center, where she passed away.<sup>3</sup> This bill seeks to remedy this issue by prohibiting federal, state, and local law enforcement officers from delaying or obstructing medical treatment for an individual being detained or in custody.
- 3) **Law Enforcement Duties to Provide Access to Medical Treatment:** California law enforcement agencies are already required to provide medical assistance for a person injured

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<sup>1</sup> George Chidi, *Federal offices blocked medics from scene of ICE shooting, witnesses say*, The Guardian (Jan. 9, 2026), available at: <https://www.theguardian.com/us-news/2026/jan/09/federal-officers-blocked-medics-from-scene-of-ice-shooting-witnesses-say>

<sup>2</sup> *Ibid.*

<sup>3</sup> *Ibid.*

in a use-of-force incident. SB 230 (Caballero), Chapter 285, Statutes of 2019, required law enforcement agencies to maintain a policy that provides a minimum standard on the use of force. (Gov. Code, § 7286, subd. (b).) The policy must contain requirements that officers utilize de-escalation techniques, only use a level of force that they reasonably believe is proportional to the seriousness of the suspected offense, and among other things, “a requirement that officers promptly provide, if properly trained, or otherwise promptly procure medical assistance for persons injured in a use of force incident, when reasonable and safe to do so.” (Gov. Code, § 7286, subd. (b)(15).) This policy requirement applies to the majority of state and local law enforcement agencies, such as police departments, sheriff’s departments, the California Highway Patrol (CHP), and the Department of Justice (DOJ), but not federal agencies. (Gov. Code, § 7286, subd. (a)(5).)

Existing law additionally requires POST to implement a course of instruction for the regular and periodic training of law enforcement officers in the use of force and to develop uniform, minimum guidelines for adoption and promulgation by California law enforcement agencies for use of force. (Pen. Code, § 13519.10, subd. (a)(1).) The guidelines must include “[u]sing public service, including the rendering of first aid, to provide a positive point of contact between law enforcement officers and community members to increase trust and reduce conflicts.” (Pen. Code, § 13519.10, subd. (b)(14).)

In 2021, POST issued Use of Force Standards and Guidelines, which expanded upon the requirement to properly procure medical assistance for a person injured by a peace officer’s use of force.<sup>4</sup> Standard #11 of the POST guidelines pertains to the duty to provide or procure medical assistance.<sup>5</sup> Among other things, POST guidelines specify that: 1) officers have a duty, as soon as it is safe and practical, to provide or request medical aid; 2) when a person requires or reasonably requests medical attention after a use of force incident, an officer must request medical aid as soon as feasible, and medical assistance is specifically required to be obtained for certain types of symptoms such as visible injury or lack of consciousness; 3) officers must pay attention to populations who may be particularly vulnerable to injury; 4) before booking, officers should continuously monitor an individual until medical assessment is provided; 5) if an individual effuses medical attention, that refusal should be documented; 6) following a use of force incident the on-the-scene supervisor should ensure that the person providing medical assistance is enforced that the person was subjected to force; and 7) an individual that is extremely agitated or exhibits violent and irrational behavior accompanied by other physical symptoms should be treated with emergency medical attention as soon as possible.<sup>6</sup>

Specifically, the POST guidelines outlining peace officer duties pertaining to medical assistance are as follows:

- The highest priority of officers is safeguarding the life, dignity, and liberty of all persons, without prejudice to anyone. Officers have a duty, as soon as it is safe and practical, to provide or request medical aid. As such, an agency’s policy shall require that officers promptly provide, if properly trained, or otherwise promptly procure

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<sup>4</sup> POST, *POST USE OF FORCE STANDARDS AND GUIDELINES* (2021), available at: [https://post.ca.gov/Portals/0/post\\_docs/publications/Use\\_Of\\_Force\\_Standards\\_Guidelines.pdf](https://post.ca.gov/Portals/0/post_docs/publications/Use_Of_Force_Standards_Guidelines.pdf)

<sup>5</sup> *Id.* at p. 9.

<sup>6</sup> *Id.* at p. 21-22.

medical assistance for persons injured in a use of force incident, when reasonable and safe to do so (Government Code § 7286(b)).

- Whenever a person requires or reasonably requests medical attention after a use of force incident, an officer should request medical aid (such as calling for emergency medical services) and/or if properly trained, provide medical attention (such as first aid and/or transport to an emergency medical facility), as soon as feasible. Medical assistance should be obtained for any person who exhibits signs of [physical distress, visible injury, alleged injury or complaint of continuous pain, experienced a lack of consciousness, any other reason the officer may deem necessary, based on training and experience.]
- Officers should pay particular attention to vulnerable populations, including but not limited to, children, elderly persons, pregnant individuals and individuals with physical, mental and developmental disabilities, whose vulnerabilities could exacerbate the impact or risk of injury.
- Prior to booking or release, officers should continuously monitor an individual until medical assessment is provided. Medical assessment may consist of examination by fire personnel, emergency medical technicians, paramedics, hospital staff, or medical staff at the jail.
- If an individual refuses medical attention, the refusal should be fully documented in any related reports. When practicable, the refusal should be witnessed by another officer or medical personnel and/or recorded.
- Following a use of force incident, the on-scene supervisor, or, if the on-scene supervisor is not available, the primary officer should ensure that any person providing medical assistance or receiving custody of an individual on which force was used, is informed that the person was subjected to force. Notification should include all relevant information, including the type and level of force used, duration of the force or struggle, visible injuries, respiration impairment, and any other information an objectively reasonable officer would believe relevant to the health and safety of the individual.
- An individual who appears extremely agitated or exhibits violent and irrational behavior, accompanied by other physical symptoms (e.g. profuse sweating, imperviousness to pain, extraordinary strength beyond their physical characteristics) or who requires a protracted physical encounter with multiple officers, should be treated with emergency medical attention as soon as feasible.<sup>7</sup>

Similar duties to provide medical care exist at the federal level. For example, the Department of Homeland Security's (DHS) 2023 Update to the Department Policy on the Use of Force outlines DHS agents' duties regarding medical care as follows:

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<sup>7</sup> *Ibid.*

As soon as practicable following a use of force and the end of any perceived public safety threat, DHS LEOs shall obtain appropriate medical assistance for any subject who has visible or apparent injuries, complaints of being injured, or requests medical attention. This may include rendering first aid if properly trained and equipped to do so, requesting emergency medical services, and/or arranging transportation to an appropriate medical facility.<sup>8</sup>

While this policy exists, whether it is being faithfully adhered to by federal immigration agents is unclear, as evidenced by the recent uptick in fatal shootings by federal immigration officers. These events have led to heightened scrutiny of DHS's use-of-force policy,<sup>9</sup> including congressional legislative efforts to improve transparency, among other changes, surrounding DHS use-of-force incidents.<sup>10</sup>

- 4) **Effect of this Bill:** This bill seeks to strengthen California law pertaining to when law enforcement officers must provide or permit medical assistance to injured individuals under their control. This bill is not limited to California peace officers. Rather, it defines “law enforcement” for purposes of this bill to mean “any federal, state, or local law enforcement, acting under the color of the law, to the extent permitted by federal law.”

The changes made by this bill can be broken into three primary categories. First, it makes it unlawful for any federal, state, or local law enforcement officer to deny, delay, obstruct, or fail to facilitate access to medical evaluation or treatment for an individual in custody, detention, or under law enforcement control if it is safe and reasonable to provide access to the treatment and a medical professional is present or has been requested. This broadly applies to all people in custody, whether a person is under arrest or incarcerated in a county jail, and similarly broadly applies to any medical treatment needs, irrespective of whether it was an injury caused by law enforcement. As previously noted, Government Code section 7286 already requires law enforcement agencies to adopt policies that include a requirement that officers “promptly provide, if properly trained, or otherwise promptly procure medical assistance for persons injured in a use of force incident, when reasonable and safe to do so.” (Gov. Code, § 7286, subd. (b).) In sum, if a California peace officer makes an arrest, and during that arrest, the detainee is injured by the force used by the officer, the officer is generally required, as long as it is reasonable and safe to do so, to either provide medical assistance themselves or alternatively procure external medical assistance for the person. This bill partially overlaps with this existing requirement but applies more expansively to any person in law enforcement custody or control, regardless of whether the injuries resulted from a use-of-force incident. On the other hand, it is somewhat narrower in that it only applies when a medical professional is present or has been requested.

Second, it requires law enforcement officers to provide specified documentation if they deny or delay access to medical treatment. Specifically, it requires law enforcement officers, if

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<sup>8</sup> U.S. Department of Homeland Security, *Update to the Department Policy on the Use of Force* (Feb. 6, 2023), available at: [https://www.dhs.gov/sites/default/files/2023-02/23\\_0206\\_s1\\_use-of-force-policy-update.pdf](https://www.dhs.gov/sites/default/files/2023-02/23_0206_s1_use-of-force-policy-update.pdf)

<sup>9</sup> KOCO News 5 ABC, *Examining DHS Use of Force Policy after 2 deadly Minneapolis shootings* (Jan. 29, 2026), available at: <https://www.koco.com/article/examining-dhs-use-of-force-policy-after-2-deadly-minneapolis-shootings/70162218>

<sup>10</sup> H.R.7984 - DHS Use of Force Transparency Act of 2026 (accessed March 31, 2026), available at: <https://www.congress.gov/bill/119th-congress/house-bill/7984/text/ih>

access is denied or delayed when a medical professional is present, to provide written documentation indicating the basis for denial within 72 hours of the incident. Such documentation must be provided to the relevant civilian oversight body responsible for reviewing law enforcement conduct, the OIG, or the AG and must: 1) state the basis for denial or delay; 2) identify the specific threat relied upon; 3) provide a detailed incident narrative that includes, but is not limited to, time of the incident, location of the incident, and personnel involved in the incident; and includes any available supporting evidence, including body-worn camera footage, radio transmissions, or written incident reports. This requirement does not apply if disclosure would compromise an ongoing criminal investigation or officer safety. Failure to comply with this documentation requirement, as well as the above prohibition against denying or delaying access to medical treatment, may be subject to administrative discipline.

While well-intended, this provision could be interpreted to undermine the current obligations of law enforcement to provide medical treatment. Currently, the primary restriction on when peace officers must provide, or secure, medical treatment is “when reasonable and safe to do so.” (Gov. Code, § 7286, subd. (b)(15).) This bill, by requiring documentation when medical access is denied or delayed, suggests that such medical treatment is permitted to be delayed or even denied entirely. This could unintentionally permit law enforcement to delay or deny care simply by providing specified documentation after the fact. Further, no written documentation would be required if this would “compromise an ongoing criminal investigation or officer safety.” This bill also requires such documentation to identify the personnel involved in the incident and include available supported evidence, including body-worn camera footage. The author may wish to consider adding protection for privacy or anonymity. Further, the process, once this documentation is submitted, is unclear. It is uncertain whether the submission of documentation is sufficient to delay or deny treatment, or whether the entities receiving the documentation are required to review and verify the reason for the delayed or denied treatment.

Finally, this bill requires POST to adopt these obligations pertaining to medical access into a specified training. Specifically, it requires POST to incorporate guidance on facilitating emergency medical access, scene security standards, and coordination with emergency medical services into law enforcement training curricula. The need for this additional training is unclear. POST is already required to implement a course or courses of instruction for the regular and periodic training of law enforcement officers in the use of force. (Pen. Code, § 13519.10, subd. (a)(1).) This course or courses of the regular basic course for law enforcement officers and the guidelines to include, among other things, using public service, including the rendering of first aid, to provide a positive point of contact between law enforcement officers and community members to increase trust and reduce conflicts. (Pen. Code, § 13519.10, subd. (b)(14).) Additionally, existing law requires law enforcement officers to meet specified training standards for the administration of first aid and cardiopulmonary resuscitation, requires satisfactory completion of periodic training or appropriate testing in cardiopulmonary resuscitation and other first aid, and requires the POST basic course of training to include adequate instruction in the above. (Pen. Code, § 13518, subds. (a) & (b).)

- 5) **Constitutional Considerations:** This bill prohibits federal law enforcement officers from denying or delaying access to medical care, subject to potential administrative discipline, and thus may be subject to a legal challenge under the Supremacy Clause.

State laws that conflict with federal laws or attempt to regulate the federal government may be invalidated for several reasons. The Supremacy Clause of the U.S. Constitution provides that federal law “shall be the supreme Law of the Land; and the Judges in every State shall be bound thereby, any Thing in the Constitution or Laws of any State to the Contrary notwithstanding.” (U.S. Const., art. VI, cl. 2.)

The doctrine of intergovernmental immunity is derived from the Supremacy Clause of the Constitution. Intergovernmental immunity demands that “the activities of the Federal Government are free from regulation by any state.” (*United States v. California* (9th Cir. 2019) 921 F.3d 865, 878 (citations omitted).) This makes a state regulation invalid if it “regulates the United States directly or discriminates against the Federal Government or those with whom it deals.” (*N.D. v. United States* (1990) 495 U.S. 423, 435); *Boeing Co. v. Movassaghi* (9th Cir. 2014) 768 F.3d 832, 839.) This prohibition against directly regulating the federal government prohibits states from “interfering with or controlling the operations of the Federal Government.” (*United States v. Washington* (2022) 596 U.S. 832, 838.) In contrast, “[a] state or local law discriminates against the federal government if it treats someone else better than it treats the government.” (*Boeing, supra*, 768 F.3d at p. 842, quoting *United States v. City of Arcata* (9th Cir. 2010) 629 F.3d 986, 991.) Notably, “any discriminatory burden on the federal government” is prohibited. (*United States v. California, supra*, 921 F.3d at p. 880) (emphasis in original). However, generally applicable state laws can apply to federal entities. (See *Johnson v. Maryland*, 254 U.S. 51, 56 (1920); *N.D., supra*, 495 U.S. at pp. 435-438; *United States v. Washington, supra*, 596 U.S. at p. 839.)

A related doctrine is conflict preemption, whereby state laws that conflict with federal law are preempted. (*U.S. v. California, supra*, F.3d at pp. 878-879.) “This includes cases where compliance with both federal and state regulations is a physical impossibility, and those instances where the challenged state law stands as an obstacle to the accomplishment and execution of the full purposes and objectives of Congress.” (*Arizona v. United States* (2012) 567 U.S. 387, 399.) For example, in *United States v. California* (2019) 921 F.3d 865, the Ninth Circuit Court of Appeals upheld the provisions of the California Values Act relating to law enforcement cooperation with ICE. The court of appeals had “no doubt that SB 54 makes the jobs of federal immigration authorities more difficult.” (*Id.* at p. 886.) But the court concluded that “this frustration does not constitute obstacle preemption,” because federal law “does not require any particular action on the part of California or its political subdivisions.” (*Id.* at p. 889.) “Even if SB 54 obstructs federal immigration enforcement,” the court stated, “the United States’ position that such obstruction is unlawful runs directly afoul of the Tenth Amendment and the anticommandeering rule.” (*Id.* at p. 888.) “California has the right, pursuant to the anticommandeering rule, to refrain from assisting with federal efforts.” (*Id.* at p. 891.) The court concluded that SB 54 does not violate the United States’ intergovernmental immunity for similar reasons. (*Ibid.*)

Here, this bill prohibits federal law enforcement officers from denying or delaying access to medical care, and requires such officers to document any such delayed or denied care, which could lead to a lawsuit alleging that it directly regulates or discriminates against the federal government in violation of intergovernmental immunity, or that this bill conflicts with federal law in violation of conflict preemption. The likelihood of success of these claims is unclear. The bill applies not just to federal law enforcement officers, but also to state and local law enforcement officers, which could increase its likelihood of withstanding a

discrimination-based intergovernmental immunity challenge. However, the requirements of this bill, as well as its broad application to medical needs unrelated to law enforcement use-of-force, could lead to claims that this interferes with federal operations or that this bill conflicts with existing federal policies.

In the event this bill is enacted and subsequently challenged in court, the author may wish to add a severability clause. This may preserve the application of the rest of this bill's provisions if the provisions of this bill applying to federal officers are found unconstitutional.

- 6) **Argument in Support:** According to the *Drug Policy Alliance*, AB 2318 “would make it unlawful for a law enforcement officer to deny, delay, obstruct, or fail to facilitate access to medical evaluation or treatment for an individual in custody, detention, or under law enforcement control if it is safe and reasonable to provide access to treatment and a medical professional is present or has been requested.”

“AB 2318 will help to make sure that people in custody or detention are still able to receive timely and appropriate medical care without custodial interference. By clarifying expectations and accountability around access to medical care, this bill is an important safeguard for incarcerated and detained people’s health and dignity.

“People who come into contact with the criminal legal system are disproportionately likely to have unmet medical needs, including chronic conditions, mental health needs, and substance use disorders. Delays or denials of care can lead to severe complications, preventable hospitalizations, and, in the most tragic cases, death. For those who use drugs, timely medical attention can be the difference between life and death. This is particularly true in cases involving overdose, withdrawal, or co-occurring health conditions. Ensuring prompt access to care while in custody is essential to reducing preventable mortality.

“AB 2318 is a common-sense measure to safeguard human life and recognizes that access to medical care is a basic standard of care.”

- 7) **Argument in Opposition:** According to the *California States Sheriff’s Association*, AB 2318 would “make it unlawful for any law enforcement officer to deny, delay, obstruct, or fail to facilitate access to medical evaluation or treatment for an individual in custody, detention, or under law enforcement control if it is safe and reasonable to provide access to the treatment and a medical professional is present or has been requested.

“California peace officers are trained in assessing emergency situations and initiating appropriate emergency medical care. Further, police agencies have policies that guide how officers are expected to respond in situations where a person may require medical assistance on scene. In this regard, the bill is, at best, unnecessary.

“AB 2318 makes it unlawful for any law enforcement officer to deny, delay, obstruct, or fail to facilitate access to medical evaluation or treatment for an individual in custody, detention, or under law enforcement control if it is safe and reasonable to provide access to the treatment and a medical professional is present or has been requested. In practice, this means that a peace officer could violate the law by denying access to a person by a medical professional who just happens to be present at a scene. This is an unwarranted intrusion into

law enforcement authority based on a case that happened outside of California that would apply in situations far less dynamic than the scenario from which this bill originates.”

**8) Prior Legislation:**

- a) AB 3092 (Ortega), Chapter 69, Statutes of 2024, required law enforcement agencies or state correctional facilities that report a death of a person in their custody to update their written report to the Attorney General within 10 days of when a change within the case occurs or when the new information becomes available.
- b) AB 2531 (Bryan), clarified that death-in-custody reporting requirements apply to juveniles who die in custody and defines "in-custody death."
- c) SB 519 (Atkins), Chapter 306, Statutes of 2023, made records relating to an investigation conducted by a local detention facility into a death incident available to the public and creates the position of Director of In-Custody Death Review within the Board of State and Community Corrections to review investigations of any death incident, as defined, occurring within a local detention facility.
- d) AB 2761 (McCarty), Chapter 802, Statutes of 2022, required a state or local correctional facility to post specified information on its website within 10 days after the death of a person who died while in custody, and to update that information within 30 days of any change.
- e) SB 230 (Caballero), Chapter 285, Statutes of 2019, required law enforcement agencies to maintain a policy that provides guidelines on the use of force, that, among things, includes a requirement that officers promptly provide medical assistance when reasonable and safe to do so.
- f) AB 66 (Gonzalez), of the 2019-2020 Legislative Session, would have required, among other things, kinetic energy projectiles or chemical agents to be deployed to disperse an assembly or demonstration, conditioned on medical assistance being promptly procured or provided for injured persons, among other conditions. AB 66 died on the Senate inactive file.

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

ACLU California Action  
California Academy of Family Physicians  
California Chapter of the American College of Emergency Physicians  
California Public Defenders Association  
California School Employees Association  
Drug Policy Alliance  
Ella Baker Center for Human Rights  
United EMS Workers, Afscome Local 4911

Universities Allied for Essential Medicines At Ucla  
Voters of Tomorrow

**Oppose**

Arcadia Police Officers' Association  
Brea Police Association  
Burbank Police Officers' Association  
California Association of School Police Chiefs  
California Coalition of School Safety Professionals  
California Narcotic Officers' Association  
California Police Chiefs Association  
California Reserve Peace Officers Association  
California State Sheriffs' Association  
Claremont Police Officers Association  
Corona Police Officers Association  
Culver City Police Officers' Association  
Fullerton Police Officers' Association  
Los Angeles School Police Management Association  
Los Angeles School Police Officers Association  
Murrieta Police Officers' Association  
Newport Beach Police Association  
Palos Verdes Police Officers Association  
Peace Officers Research Association of California (PORAC)  
Placer County Deputy Sheriffs' Association  
Pomona Police Officers' Association  
Riverside Police Officers Association  
Riverside Sheriffs' Association

**Analysis Prepared by:** Ilan Zur / PUB. S. / (916) 319-3744