

ASSEMBLY THIRD READING
AB 2318 (Elhawary)
As Amended May 18, 2026
Majority vote

SUMMARY

Prohibits a federal, state, or local law enforcement officer from denying or delaying access to medical treatment for an individual under law enforcement control 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.

Major Provisions

- 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 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) Specifies that the above provision does not apply to an individual in the custody of, or detained in, a county jail or the state prison.
- 3) 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).
- 4) Provides that failure to comply with the above provisions may result in administrative discipline, including suspension or termination.
- 5) 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.
- 6) 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.

COMMENTS

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."

Arguments 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."

Arguments 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."

FISCAL COMMENTS

According to the Assembly Appropriations Committee:

- 1) Potentially reimbursable state-mandated local program costs (General Fund) of an unknown but likely minor and ongoing amount for local law enforcement agencies to prepare the required 72-hour documentation in cases where access to medical care is denied or delayed while a medical professional is present, subject to the bill's investigation- and safety-based disclosure carve-out. The volume of work depends on how frequently denial or delay occurs in practice. Actual reimbursement is contingent on the Commission on State Mandates' determination.
- 2) Minor and absorbable costs to POST (General Fund) to incorporate the new guidance into existing training curricula. POST reports that California peace officers are already required to render first aid in use-of-force situations under existing law and POST guidelines, and that the bill is largely duplicative of existing requirements.
- 3) Cost pressure of an unknown but potentially significant magnitude (Peace Officers Training Fund (POTF), General Fund) to the extent the curriculum update triggers additional training hours that agencies claim for reimbursement. POTF has faced structural revenue shortfalls for over a decade as criminal fine and penalty assessment collections have declined, and POST's state operations are increasingly supported by General Fund appropriations.
- 4) Minor and absorbable costs (General Fund) to the Department of Justice (DOJ). DOJ reports that the bill would not have a significant fiscal impact.

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

VOTES

ASM PUBLIC SAFETY: 7-2-0

YES: Schultz, Mark González, Haney, Harabedian, Nguyen, Ramos, Sharp-Collins

NO: Alanis, Lackey

ASM APPROPRIATIONS: 10-4-1

YES: Wicks, Aguiar-Curry, Calderon, Caloza, Fong, Mark González, Krell, Pellerin, Sharp-Collins, Solache

NO: Hoover, Dixon, Ta, Tangipa

ABS, ABST OR NV: Pacheco

UPDATED

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