SENATE COMMITTEE ON PUBLIC SAFETY

Senator Jesse Arreguín, Chair
2025 - 2026 Regular

Bill No:	AB 2318	**Hearing Date:**	June 23, 2026
Author:	Elhawary		
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Urgency:	No	**Fiscal:**	Yes
Consultant:	AB		

Subject: ***Law enforcement: facilitating medical care***

HISTORY

Source: Voters of Tomorrow

Prior Legislation: AB 1108 (Hart), Ch. 389, Stats. of 2025
AB 3092 (Ortega), Ch. 69, Stats. of 2024
AB 2531 (Bryan), Ch. 968, Stats. of 2024
SB 519 (Atkins), Ch. 306, Stats. of 2023
AB 2761 (McCarty), Ch. 802, Stats. of 2022
AB 26 (Holden), Ch. 402, Stats. of 2021
SB 230 (Caballero), Ch. 285, Stats. of 2019

Support: A New Path; ACLU California Action; California Academy of Family Physicians; California Chapter of the American College of Emergency Physicians; California Coalition for Women Prisoners; California Public Defenders Association; California School Employees Association; Californians United for a Responsible Budget; Communities United for Restorative Youth Justice; Community Health Project LA; Community Works West; Courage California; Disability Rights California; Drug Policy Alliance; Ella Baker Center for Human Rights; Felony Murder Elimination Project; Fresh Lifelines for Youth; Glide; Healthright 360; Justice2jobs Coalition; LA Defensa; Los Angeles Regional Reentry Partnership; Pillars of the Community; Rubicon Programs; San Francisco Public Defender; San Quentin Skunkworks; Sister Warriors Freedom Coalition; Smart Justice California; Starting Over INC.; The Sidewalk Project; Transitions Clinic Network

Opposition: Association for Los Angeles Deputy Sheriffs; California Peace Officers Association; California Police Chiefs Association; California State Sheriffs Association; Peace Officers Research Association of California

Assembly Floor Vote: 53 - 19

PURPOSE

The purpose of this bill is to prohibit a law enforcement officer from denying, delaying, obstructing, or failing to facilitate access to medical evaluation or treatment for an individual under law enforcement control when certain conditions are met; to require law enforcement to provide written documentation indicating the basis for denial of care when care is denied; and

to require the Commission on Peace Officer Standards and Training (POST) to incorporate guidance on certain relevant topics into law enforcement training curricula.

Existing law declares the intent of the Legislature that the authority to use physical force, conferred on peace officers by existing law, is a serious responsibility that shall be exercised judiciously and with respect for human rights and dignity and for the sanctity of every human life, and that every person has a right to be free from excessive use of force by officers acting under color of law. (Pen. Code, § 835a, subd. (a)(1).)

Existing law includes a legislative finding and declaration that the decision by a peace officer to use force shall be evaluated carefully and thoroughly, in a manner that reflects the gravity of that authority and the serious consequences of the use of force by peace officers, in order to ensure that officers use force consistent with law and agency policies. (Pen. Code, § 835a, subd. (a)(3).)

Existing law authorizes a peace officer who has reasonable cause to believe that a person to be arrested has committed a public offense to use objectively reasonable force to effect the arrest, to prevent escape, or to overcome resistance. (Pen. Code, § 835a, subd. (b).)

Existing law permits a peace officer who is authorized to make an arrest and who has stated their intention to do so, to use all necessary means to effect the arrest if the person to be arrested either flees or forcibly resists. (Pen. Code, § 843.)

Existing law 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).)

Existing law requires each law enforcement agency to maintain a policy that provides a minimum standard on the use of force which, among other elements, must include all of the following:

- A requirement that an officer may only use a level of force that they reasonably believe is proportional to the seriousness of the suspected offense or the reasonably perceived level of actual or threatened resistance.

- A requirement that an officer intercede when present and observing another officer using force that is clearly beyond that which is necessary, as determined by an objectively reasonable officer under the circumstances, taking into account the possibility that other officers may have additional information regarding the threat posed by a subject.

- 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).)

Existing law prohibits a law enforcement agency from authorizing the use of a carotid restraint, as defined, by any peace officer employed by that agency. (Gov. Code, § 7286.5, subd. (a).)

Existing law prohibits a law enforcement agency from authorizing techniques or transport methods that involve a substantial risk of positional asphyxia. (Gov. Code, §7286.5, subd. (b).)

Existing law establishes the Commission on Peace Officer Standards and Training (POST) to set minimum standards for the recruitment and training of peace officers, develop training courses and curriculum, and establish a professional certificate program that awards different levels of certification based on training, education, experience, and other relevant prerequisites. (Pen. Code, §§ 830-832.10; 13500 et seq.)

Existing law requires every peace officer in California to satisfactorily complete an introductory training course prescribed by POST, as specified. (Pen. Code, § 832, subd. (a).)

Existing law authorizes POST to suspend or revoke the certification of a peace officer if the person has been terminated for cause from employment as a peace officer for, or has, while employed as a peace officer, otherwise engaged in, any serious misconduct, as described. (Pen. Code, § 13510.8, subd. (a)(2).)

Existing law requires POST to develop and deliver training courses for peace officers on a wide array of topics, including, the use of tear gas, SWAT operations, elder abuse, persons with disabilities, behavioral health, technology crimes, sexual assault, first aid, missing persons, gang and drug enforcement, use of force and human trafficking, among others. (Pen. Code, §§13514-13519.15.)

Existing law 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).)

Existing law 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).)

Existing law 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).)

Existing law 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.)

Existing law requires each law enforcement agency to report to the Department of Justice (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, subds. (a) & (b)(12).)

Existing law 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).)

Existing law 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).)

Existing law 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 specified information on its website for the public to view within 10 days of the date of death. (Pen. Code, § 10008, subds. (a) & (b).)

Existing law 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.)

This bill provides that it shall be unlawful for any 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.

This bill specifies that the above prohibition does not apply to an individual in the custody of, or detained in, a county jail or the state prison.

This bill provides that 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, law enforcement shall provide written documentation indicating the basis for denial within 72 hours of the incident that meets all of the following requirements:

- States the basis for denial or delay.
- Identifies the specific threat relied upon.

- 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.
- Includes any available supporting evidence, including body-worn camera footage, radio transmissions, or written incident reports.

This bill provides that reporting pursuant to the above requirement shall be provided to the relevant civilian oversight body responsible for reviewing law enforcement conduct, the Office of the Inspector General, or the Attorney General.

This bill provides that failure to comply with the prohibition regarding obstruction of medical care and the related reporting requirement may result in administrative discipline, including suspension or termination.

This bill requires POST to incorporate guidance on facilitating emergency medical access, scene security standards, and coordination with emergency medical services into law enforcement training curricula.

This bill defines the following terms:

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

COMMENTS

1. Need for This Bill

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. Recent Federal Immigration Enforcement Actions

From the outset of President Trump's second term, his Administration has expanded immigration enforcement and altered the immigration system at an unprecedented scale. Through various executive actions, President Trump has declared a national emergency at the southern border to limit lawful entries, halted refugee admission, expanded who immigration enforcement officers can prioritize for deportation, expanded expedited removal, increased the hiring of immigration officers, expanded immigration detention, and attempted to significantly curtail the availability of various immigration visas and statuses.[1] On January 25, 2025, Immigration and Customs Enforcement (ICE) field offices were told that each office must detain at least 75 noncitizens

[1] Proclamation 10888. 20 January 2025. 90 Fed. Register 8333-8336; U.S. Const. Art. IV, Section 4. Executive Order 14159. 20 January 2025. 90 Fed. Register 8443. https://www.whitehouse.gov/presidential-actions/2025/01/protecting-the-american-people-against-invasion/

every day, or more than 1,800 per day nationwide.[2] To hold more detainees, the Trump Administration opened Guantanamo Bay and sent detained individuals there in February, and has also started sending detained individuals to a mega-prison in El Salvador, in many cases before their due process rights can be vindicated.[3]

The Trump Administration's ramp-up of immigration enforcement has been accompanied by aggressive recruitment efforts, including attempts by federal immigration agencies to lure state peace officers.[4] ICE has taken steps to significantly expand hiring, such as giving out $50,000 signing bonuses, offering student loan forgiveness, lowering the age limit for recruits from 21 to 18, and waiving the 37-year-old hiring cap, among others.[5] But amid this hiring surge, evidence has surfaced that ICE had misrepresented the rigor of its training for new officers, including legal training over whether they are permitted to use deadly force. According to a recent whistleblower account, training for new officers has been pared down to the point where it is "deficient, defective and broken."[6] Moreover, a recent review by the Associated Press found that at least two dozen ICE employees and contractors have been charged with crimes since 2020, including 9 such instances in 2025 alone.[7] According to the report, while most cases happened before the passage of the OBB Act, "experts say such crimes could accelerate given the volume of new employees and their empowerment to use aggressive tactics to deport people."[8]

Indeed, aggressive tactics have been one of the hallmarks of federal immigration enforcement during President Trump's second term, especially here in California. Hundreds of federal agents conducted raids and immigration sweeps across Los Angeles, detaining and arresting individuals through "at large" arrests on the street, and often through blatant racial profiling.[9] Federal agents often conducted raids in civilian clothing or military uniforms, and often while masked, heavily armed, and without providing identification.[10] There have also been numerous reports of federal agents using excessive force and causing injury and property damage while conducting these raids, as well as reports that agents have denied those detained access to legal counsel.[11] Such tactics were also on full display during Operation Metro Surge, a joint operation of ICE and Customs and Border Patrol (CBP) that took place throughout Minnesota (though primarily in the Twin Cities area) beginning in December 2025 and concluding early February 2026. During this

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[2] Washington Post, *Trump Officials Issue Quotas to ICE Officers to Ramp up Arrests*, January 26, 2025, https://www.washingtonpost.com/immigration/2025/01/26/ice-arrests-raids-trump-quota

[3] M. Lee, AP News, *Immigration Officials Defend Authority to Hold Migrants at Guantanamo Bay*, March 10, 2025, https://apnews.com/article/us-immigration-detention-guantanamo-bay-d4fe8f0d051e0cd7e3f04ce02c8e7564; M. Aleman, AP News, *Venezuelan Migrants Deported by the US Ended up in a Salvadoran Prison. This is Their Legal Status*, March 25, 2025, https://apnews.com/article/el-salvador-trump-tren-de-aragua-venezuela-dde4259e5dcd502101b7b8fbd3c03659

[4] "ICE offers big bucks – but California police officers prove tough to poach." *Los Angeles Times* 22 September 2025, available at: https://www.latimes.com/california/story/2025-09-22/ice-poaching-cops

[5] Ray and Sanchez, "ICE expansion has outpaced accountability. What are the remedies?" *Brookings* 26 January 2026. Available at: https://www.brookings.edu/articles/ice-expansion-has-outpaced-accountability-what-are-the-remedies/

[6] "ICE whistleblower accuses agency of 'deficient, defective and broken' training amid hiring surge." *The Hill*. 23 February 2026. https://thehill.com/homenews/administration/5751455-ice-officer-training-whistleblower/

[7] "Takeaways from AP's review of recent criminal cases against ICE employees and contractors." *Associated Press.* 10 February 2026. https://apnews.com/article/ice-agents-arrested-misconduct-abuse-corruption-charged-d3aeb8c20191fa357f87078fc169cc17

[8] *Ibid.*

[9] "Trump's immigration crackdown upended life in California. It continues as the new year begins," *Cal Matters*, 29 December 2025. https://calmatters.org/justice/2025/12/immigration-2025-year-in-review/.

[10] *Ibid.*

[11] *Ibid.*

operation, federal immigration officials employed harsh, confrontational, and arguably illegal tactics to make arrests, serve warrants, conduct raids and contain protesters.[12] Operation Metro Surge also resulted in the shooting of three civilians by federal immigration agents, two of which were fatal: the killings of Alex Pretti and Renee Good.[13]

As referenced in the previous comment, the author cites the killing of Renee Good as the driving force behind this bill. 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.[14] 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.[15] Ultimately, firefighters began lifesaving measures, and Ms. Good was transported to a local medical center, where she passed away.[16]

Extensive investigation and reporting have also highlighted the medical neglect occurring at federally operated immigration detention centers. According to a recent report published jointly by the Associated Press and Kaiser Family Foundation, hundreds of detainees across at least 33 states have alleged in federal lawsuits that such facilities are failing to provide adequate medical care. The report states:

> [Court filings allege that] detainees say they didn't get medications on time — or at all — for conditions including high blood pressure, diabetes, depression, epilepsy, Parkinson's, and HIV. Requests for help went unanswered for weeks. Blood sugars rose. Infections festered. Cancers remained untreated. Detainees collapsed and had seizures. […] ICE custody is deadlier than it has been in two decades […] The Department of Homeland Security reported 51 people had died in detention since the start of Trump's second administration — with suicides spiking to an unprecedented number. […] Some detainees or their lawyers said even basic care was denied: gauze to protect an open foot wound, prenatal care for a high-risk pregnancy, a pillow to ease the pain of sleeping with advanced stomach cancer, sanitary pads for postpartum bleeding.[17]

In response to one of these lawsuits, a federal judge in Southern California earlier this year ordered the Department of Homeland Security (DHS) to provide "constitutionally adequate healthcare" to people detained in California's largest immigration detention center, the California

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[12] "Minneapolis, MN: Operation Metro Surge. Sanctuary Information, December 2025." *Immigrant Legal Resource Center*. https://www.ilrc.org/immigration-enforcement/federal-tracking/large-scale-raids/minneapolis-mn-operation-metro-surge ; "Judge Partially Blocks Operation Metro Surge Tactics Against Protesters in Minnesota." *JURIST News*. 17 January 2024, https://www.jurist.org/news/2026/01/judge-partially-blocks-operation-metro-surge-tactics-against-protesters-in-minnesota/

[13] "Minneapolis ICE shooting: A minute-by-minute timeline of how Renee Nicole Good died." *ABC News.* 9 January 2026 https://abcnews.com/US/minneapolis-ice-shooting-minute-minute-timeline-renee-nicole/story?id=129021809 ; "A minute-by-minute timeline of the fatal shooting of Alex Pretti involving federal agents." *ABC News* 26 January 2026, https://abcnews.com/Politics/minute-minute-timeline-fatal-shooting-alex-pretti-federal/story?id=129547199

[14] "Federal offices blocked medics from scene of ICE shooting, witnesses say." *The Guardian*. 9 January 2026), https://www.theguardian.com/us-news/2026/jan/09/federal-officers-blocked-medics-from-scene-of-ice-shooting-witnesses-say

[15] *Ibid.*

[16] *Ibid.*

[17] "Festering Infesctions to Untreated Cancer: Ice Detainees Describe Medical Neglect Across US." *KFF Health News*, 2 June 2026. https://kffhealthnews.org/courts/ice-immigration-detention-medical-care-neglect-court-records-ap-investigation/

City Detention Facility.[18] It is against this backdrop that the author submits this bill to prohibit law enforcement – including local, state, and federal – agencies from preventing access to medical treatment for individuals under law enforcement control.

3. Existing Medical Assistance Requirements

In response to prior allegations that detainees had been receiving inadequate medical care at DHS detention centers, DHS Chief Medical Officer Dr. Sean Conley has stated that "it is both policy and longstanding practice for aliens to receive timely and appropriate medical care from the moment they enter ICE custody. This includes medical, dental, women's health, mental health services, any needed follow up medical appointments, as well as 24-hour emergency care. This is better, more responsive healthcare than many aliens have ever received in their entire lives."[19] The veracity of that specific statement notwithstanding, it is true that DHS detention facilities generally apply one of three sets of standards for the adult detainee population, all of which require the facility to provide, either directly or contractually: 1) initial medical, dental, and mental health screenings, 2) routine and preventive care, specialty care, emergency care, and hospitalization, as medically indicated, 3) timely responses to medical complaints; and, 4) language services when needed during any appointment, treatment, or consultation.[20]

Beyond the immigration detention setting, DHS' policy on the use of force, which was updated in February 2023, sets forth the standards and guidelines that DHS officers must follow in an array of scenarios, including the provision of medical care. Specifically, the policy provides that:

> As soon as practicable following a use of force and the end of any perceived public safety threat, DHS law enforcement officers 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.[21]

This policy also requires DHS offices employing law enforcement officers to provide annual trainings to those officers regarding the affirmative duty to request and/or render medical aid following the use of force, and the affirmative duty to intervene if an officer is misusing force or using excessive force, among other topics.[22]

California law enforcement agencies are also subject to certain medical assistance requirements pursuant to existing law regarding permissible use of force. In 2019, California refined its use of force statutes in order to provide clearer guidance to law enforcement and the public, specifically

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[18] "Department of Homeland Security must provide 'constitutionally adequate healthcare' at ICE detention center, judge rules." *Los Angeles Times*. 11 February 2026. https://www.latimes.com/california/story/2026-02-11/california-judge-orders-government-to-provide-constitutionally-adequate-healthcare-at-ice-detention-center

[19] "DHS Sets the Record Straight on New York Time's FALSE Claims Regarding Medical Care at ICE Detention Facilities." *Department of Homeland Security*, Press Release, 17 February 2026. https://www.dhs.gov/news/2026/02/17/dhs-sets-record-straight-new-york-times-false-claims-regarding-medical-care-ice

[20] "Medical Care Standards in Immigrant Detention Facilities." *Congressional Research Service*. 2 April 2024. https://www.congress.gov/crs_external_products/IF/PDF/IF12623/IF12623.2.pdf

[21] "Update to the Department Policy on the Use of Force," *U.S. Department of Homeland Security,* 6 February 2023, https://www.dhs.gov/sites/default/files/2023-02/23_0206_s1_use-of-force-policy-update.pdf

[22] *Ibid.*

regarding when the use of deadly force is appropriate. Namely, AB 392 (Weber), Chapter 170, Statutes of 2019, specified the circumstances in which deadly force is and is not appropriate, and SB 230 (Caballero), Chapter 285, Statutes of 2019, required law enforcement agencies to update their training and policies with specific requirements regarding use of force, including 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."[23] Pursuant to SB 230, agency policies must also include training and guidelines regarding vulnerable populations, including, but not limited to, children, elderly persons, people who are pregnant, and people with physical, mental, and developmental disabilities.[24]

SB 230 also required POST to implement a course of training in the use of force, although notably, the training is not required to include instruction on procurement of medical assistance for persons injured as the result of a use of force.[25] However, in response to SB 230, POST developed new use of force standards and guidelines, which "include the statewide minimum standards law enforcement executives are now required to incorporate into their agency's use of force policy."[26] The singular standard related to medical aid provides, in relevant part:

> 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 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 medical assistance for persons injured in a use of force incident, when reasonable and safe to do so. […] 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.[27]

In addition to use of force policies, many agencies have distinct general orders regarding medical treatment that, among other things, require officers to have first aid kits, receive specified emergency care training, and follow certain procedures during incidents where emergency medical treatment is necessary.[28]

4. Effect of This Bill

Arguing that "under current law, officers largely rely on discretion when responding to medical emergencies," the author submits this bill, which 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 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. However, this provision does not apply to an individual detained in a county jail or state prison. Moreover, the bill

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[23] Gov. Code, § 7286, subd. (b)(15)
[24] Gov. Code, § 7286, subd. (b)(17).
[25] Pen. Code, § 13519.10, subd. (b).
[26] "POST Use of Force Standards and Guidelines," Commission on Peace Officer Standards and Training. Published 2021. https://post.ca.gov/Portals/0/post_docs/publications/Use_Of_Force_Standards_Guidelines.pdf
[27] *Ibid*. at pp. 21-22.
[28] For instance, see Sacramento Police Department General Order 522.02: Medical Treatment, available at: https://www.cityofsacramento.gov/content/dam/portal/police/Transparency/policy/GO/Section-500/GO%20522.02%20Medical%20Treatment-Transparency.pdf

provides that if access is denied or delayed when a medical professional is present, officers must document, in writing, the basis for denial. Within 72 hours of the incident, this writing must be provided to the relevant civilian oversight body, the Office of the Inspector General, or the Attorney General. Additional provision of this bill provide that failure to comply with the above may result in administrative discipline, and require POST to incorporate guidance on facilitating medical access, scene security standards, and coordination with other emergency services into its training curricula.

Several of these provisions raise questions that that author and Committee should consider. First, for the purposes of the bill, "medical professional" is defined as "an individual licensed or certified to provide emergency medical care." Although the definition uses the useful qualifier for individuals licensed or certified to provide *emergency* medical care, it could still apply to a bystander who claims to be an off-duty paramedic (or even merely be certified in CPR), leaving the officer responsible for verifying the credentials of this individual during a fluid, high-stress situation or potentially liable for discipline under the bill. The author and Committee may wish to consider requiring that the individual be dispatched to the scene, or be an on-duty, easily identifiable emergency care provider.

Second, the bill requires officers to document and report denials or delays of emergency medical care, but only "to the extent disclosure does not compromise an ongoing criminal investigation or officer safety." This reference to "disclosure" indicates some intent that these records be made public, but the bill contains no other provision to this effect. The author and Committee should consider modifying this language to instead reference "reporting" or "documentation," or otherwise include a public disclosure requirement.

Third, and also related to the reporting requirement, recall that the bill requires reporting to *either* the relevant civilian oversight body, the Office of the Inspector General, *or* the Attorney General. How do officers decide which entity to submit reports to? To whom do they submit the reports? Can they submit to more than one? Such an open-ended reporting requirement is likely to lead to inconsistent and non-standardized reporting, and efforts to code, aggregate, and potentially publish data derived from the reports will face significant logistical challenges. Accordingly, the author and Committee may wish to consider having officers report to a single entity.

5. Constitutional Considerations

State laws that conflict with federal laws or attempt to regulate the federal government may be invalided 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."[29] The doctrine of intergovernmental immunity is derived from the Supremacy Clause of the Constitution, and demands that "the activities of the Federal Government are free from regulation by any state."[30] 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."[31] Whether a state law "directly regulates" the federal government demands a functional inquiry into whether the regulations at issue "interfere with or control the operations of the federal

[29] U.S. Const., art. VI, Cl 2.
[30] *United States v. California* (9th Cir. 2019) 921 F.3d 865, 879.
[31] *N.D. v. United States* (1990) 495 U.S. 423, 435; *Boeing Co. v. Movassaghi* (9th Cir. 2014) 768 F.3d 832, 839.

government."[32] Moreover, "a state or local law discriminates against the federal government if it treats a state entity more favorably than it treats a comparable federal entity."[33] There is no de minimis exception to a discriminatory burden – *any* such burden is impermissible.[34] However, it is well settled that generally applicable state laws can apply to federal entities.[35] It should be noted that "the scope of a federal contractor's protection from state law under the Supremacy Clause is substantially narrower than that of a federal employee or other federal instrumentality."[36]

Crucially, the Ninth Circuit Court of Appeals' recently issued a ruling with regard to Senate Bill 805 (Perez), Chapter 126, Statutes of 2025, which among other changes, required local, state, out-of-state, and federal law enforcement agencies operating in California to adopt policies on the visible identification of sworn personnel, and required officers from such agencies to visibly display identification when performing their enforcement duties.[37] That ruling was based on an appeal of an earlier ruling handed down by the United States District Court for the Central District of California in the case of *United States v. California*, which enjoined enforcement of a related bill, Senate Bill 627 (Wiener), Chapter 125, Statutes of 2025, because it unlawfully discriminated against the federal government in violation of the intergovernmental immunity doctrine.[38] However, the district court also found that the United States was unlikely to succeed on its claim that the two bills unlawfully directly regulated the federal government, and the United States therefore appealed the ruling to the Ninth Circuit, seeking to enjoin SB 805's requirements on federal law enforcement.[39]

On April 22, 2026, the Ninth Circuit granted the federal government's injunction, finding that the United States was likely to succeed on its claim that SB 805's requirement that federal officers visibly display identification when performing their duties was an unlawful direct regulation of the federal government in violation of the intergovernmental immunity doctrine.[40] The Ninth Circuit's discussion of what constitutes a direct regulation under intergovernmental immunity is instructive here. Specifically, the Ninth Circuit rejected the district court's reasoning that direct regulation of the federal government demands a functional inquiry into whether the regulation interferes with or controls the operation of the federal government, stating that this particular standard pertains to the regulation of federal contractors and third-party employers, but is not the standard that governs direct regulation of United States governmental activities.[41] Instead, the Ninth Circuit articulated a far more stringent standard for what constitutes a direct regulation under intergovernmental immunity, stating that intergovernmental immunity "forbids States from regulating the federal government *qua* government and from controlling federal governmental functions in any manner and to any degree." (*Id.* at pp. 13-14) As the panel reasoned:

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[32] *United States v. Washington,* (2022) 596 U.S. 832, 838.
[33] *Boeing*, *supra*, 768 F.3d at p. 842, quoting *United States v. City of Arcata* (9th Cir. 2010) 629 F.3d 986, 991.
[34] *United States v. California, supra,* 921 F.3d at 880.
[35] See *United States ex rel. Drury v. Lewis*, 200 U.S. 1, 7-8 (1906); Johnson v. Maryland, 254 U.S. 51, 56 (1920).
[36] *Geo Grp., Inc. v. Newsom* (2022) 50 F.4th 745, 755.
[37] Gov. Code, § 7288, subds. (a) & (c)(2); Pen. Code, § 13654, subds. (a) & (d)(2).
[38] *United States v. California* (C.D.Cal. 2026) 819 F.Supp. 3d 1109; SB 805 (Pérez), which was substantially similar to SB 627 in its application to the federal government but did not contain such an exemption for state law enforcement officers, was not challenged by the Trump Administration as unlawful discrimination against the federal government, see p. 35, fn. 9.
[39] *United States v. California*, *supra*, 819 F.Supp.3d at p. 35; *United States v. California* (9th Cir. 2026) 173 F.4th 1060, 7-8, fn. 4.
[40] *Id.* at pp. 3, 16.
[41] *Id.* at pp. 11-12.

> A direct regulation is one that "lays hold of" federal officers "in their specific attempt to obey orders and requires qualifications in addition to those that the [federal] Government has pronounced sufficient." It imposes conditions upon "a function of government," and regulates "the right to carry on the business" of the federal government. […] [I]f a state law directly regulates the conduct of the United States, it is void irrespective of whether the regulated activities are essential to federal functions or operations, and irrespective of the degree to which the state law interferes with federal functions or operations.[42]

In the instant case, the bill's central prohibition on a law enforcement officer's denial, delay, obstruction or failure to allow medical care explicitly applies to federal law enforcement officers via the bill's definition of "law enforcement." And although the bill exempts individuals detained in county jails and state prisons, it does not exempt individuals detained in federal immigration detention facilities, provided they are "under law enforcement control," and not technically under the control of non-government federal contractors. Thus, to the extent that the bill is constitutionally valid, it would also apply to any immigration detainee. However, given the Ninth Circuit's exacting definition for what constitutes a "direct regulation," the prohibition in this bill appears to fall squarely within it. Conversely, the bill's application to local, state and federal officers would appear to rebut an argument that it discriminates against the federal government. It should be noted that the bill does contain a savings clause of sorts, providing that the term "law enforcement" applies to any federal entity acting under color of law "*to the extent permitted by federal law*." Such a clause could render these constitutional issues moot, as federal authorities would be free to ignore the bill's requirements where they come into conflict with federal dictates and how they have been interpreted by the courts.

6. Committee Amendments

To address some of the issues discussed above and others raised by opponents of the bill, the author intends to take several amendments in Committee, including:

- Redefine "medical professional" as "an individual who is qualified by education, training, and/or licensure/regulation to perform a professional medical service within his/her scope of practice."
- Require, for the purposes of the bill's central prohibition, that any medical professional present must also be willing to render care to the individual, and make a conforming change to the reporting requirement.
- Strike "identifies the threat relied upon" in the reportable information.
- Strike the requirement that POST incorporate specified guidance in training curricula.

7. Argument in Support

According to Courage California:

> AB 2318 was prompted by the tragic shooting of Renee Nicole Good, where eyewitness video shows law enforcement denying timely medical aid. Her death—along with Californian cases of denied medical evaluation—highlights a critical gap in law enforcement conduct that California can address by

[42] *Id.* at pp. 10, 12.

> establishing a statutory duty for all officers to ensure proper medical care when an individual is in custody and reaffirming the preservation of life as a preeminent objective. This bill establishes a clear, reasonable standard whereby, once a scene is safely secure, law enforcement must allow willing and qualified medical professionals to provide emergency care and may not deny, delay, or obstruct treatment without subsequent documented justification.
> This is a narrowly tailored, commonsense requirement that aligns law enforcement practice with basic medical ethics and the fundamental expectation that Californians deserve to receive lifesaving care without unnecessary delay. Delays in emergency medical care frequently lead to significantly worse health outcomes, including preventable complications, prolonged hospitalizations, and long-term disability. Timely care avoids downstream costs that multiply when treatment is delayed. Additionally, failure to provide timely medical care exposes local governments and the state to substantial legal liability. AB 2318 explicitly clarifies duties of care by setting clear expectations and procedures which reduces costly litigation, settlements, and judgements arising from preventable harm.
>
> At its core, AB 2318 affirms that access to emergency medical care should not depend on circumstance. Ensuring that medical professionals can do their jobs without unnecessary interference is a critical investment in public health, public trust, and responsible governance.

8. Argument in Opposition

According to the California Peace Officers Association:

> While we support the goal of ensuring individuals receive appropriate medical care, we are concerned that this measure creates an unclear and overly broad standard that could expose peace officers to discipline and liability for making good-faith decisions during rapidly evolving and often unpredictable circumstances. Peace officers already have a legal and professional duty to provide and obtain medical care for individuals in their custody or under their control when needed. Departments throughout California maintain policies addressing medical response and emergency care, and officers receive extensive training on identifying medical emergencies and responding appropriately. AB 2318 instead establishes a new statutory standard that risks creating confusion regarding officers' obligations and decision-making responsibilities during dynamic field situations.
>
> The bill's language prohibiting an officer from "denying," "delaying," "obstructing," or "failing to facilitate" medical treatment creates substantial ambiguity and may subject officers to second-guessing after the fact. In many situations, officers are simultaneously balancing multiple public safety considerations, including scene security, threats to officer or public safety, suspect resistance, ongoing investigations, and the availability of emergency personnel. Decisions made in those moments often require officers to assess competing priorities within seconds, yet the bill creates a framework that could later evaluate those decisions through the benefit of hindsight.

We are also concerned that officers produce written justification when medical access is delayed or denied, combined with the bill's authorization of suspension or termination for violations. These provisions create additional administrative burdens and disciplinary exposure without clear standards for what constitutes a violation. This could have the unintended consequence of encouraging defensive decision-making and uncertainty in situations where officers must act quickly under stressful conditions.

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