Office of Senate Floor Analyses
(916) 651-4171

THIRD READING

Bill No: AB 2318
Author: Elhawary (D), et al.
Amended: 8/13/26 in Senate
Vote: 21

SENATE PUBLIC SAFETY COMMITTEE: 5-1, 6/23/26
AYES: Arreguín, Caballero, Cortese, Pérez, Wiener
NOES: Seyarto

SENATE APPROPRIATIONS COMMITTEE: 5-2, 8/13/26
AYES: Cervantes, Cabaldon, Grayson, Richardson, Wahab
NOES: Seyarto, Dahle

ASSEMBLY FLOOR: 53-19, 5/27/26 - See last page for vote

SUBJECT: Law enforcement: facilitating medical care

SOURCE: Voters of Tomorrow

DIGEST: This bill prohibits 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, and requires law enforcement to document the basis for a denial within 72 hours of the incident, as specified.

ANALYSIS:

Existing law:

1) States 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. (Penal (Pen.) Code, § 835a, subd. (a)(1).)

2) 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).)

3) 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).)

4) 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.)

5) 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).)

6) 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) 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.

   b) 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.

c) 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. (Government (Gov.) Code, § 7286, subd. (b).)

7) 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).)

8) 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).)

9) 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).)

10) 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.)

11) 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).)

12) 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).)

13) 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).)

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

This bill:

1) Provides that it is 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 has been requested or is present and is willing to render care to the individual.

2) Specifies that the above prohibition does not apply to an individual in the custody of, or detained by, the Department of Corrections and Rehabilitation.

3) Provides that to the extent that documenting the incident does not compromise an ongoing investigation or officer safety, if access to medical evaluation or treatment is denied or delayed when a medical professional is present and is willing to assist, law enforcement shall document the basis for the denial within 72 hours of the incident and include the following information:

    a) The basis for denial or delay.

    b) 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.

c) Any available supporting evidence, including body-worn camera footage, radio transmissions, or written incident reports.

4) Provides that incident reporting shall be provided to either the relevant civilian oversight body responsible for reviewing law enforcement conduct or the Office of the Inspector General.

5) Specifies that failure to comply with the above provisions may result in administrative discipline, including suspension or termination.

Comments

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. Federal agents often conducted raids in civilian clothing or military uniforms, and often while masked, heavily armed, and without providing identification. 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. Such tactics were also on full display during Operation Metro Surge, a joint operation of Immigration and Customs Enforcement (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 operation, federal immigration officials employed harsh, confrontational, and arguably illegal tactics to make arrests, serve warrants, conduct raids and contain protesters. 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.

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. 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. Ultimately, firefighters began lifesaving measures, and Ms. Good was transported to a local medical center, where she passed away.

The Department of Homeland Security's (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.

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.

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 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." 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.

SB 230 also required California Peace Officers Standards and Training (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. 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." 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.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Senate Appropriations Committee:

> Potential costs in the hundreds of thousands of dollars in administrative work for state law enforcement entities. The fiscal impact is difficult to quantify due to the capacity for administrative, civil or criminal penalties for any failure to comply with the provisions of the bill. Written documentation within 72-hours each time an officer delays or denies access to medical care may equate into thousands of new reports annually, expanded review, storage and oversight systems that likely would result in a cost of hundreds of thousands of dollars in administrative work. Likely greater impacts on local law enforcement entities. Penalty and reporting costs for each instance will likely be low, but costs could be significant in the aggregate statewide, with actual costs dependent on whether the duties imposed by this bill constitute a reimbursable state mandate, as determined by the Commission on State Mandates. (special funds, General Fund)
>
> Potentially significant costs to POST to the extent the curriculum update triggers additional training hours that agencies claim for reimbursement. The Peace Officer Training Fund (POTF) has a structural deficit as criminal fine and penalty assessment collections have declined, and POST's operations are increasingly supported by General Fund appropriations. (Peace Officers Training Fund, General Fund)

Minor and absorbable costs to POST 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. (General Fund)

Minor and absorbable costs to the Office of the Inspector General to review law enforcement conduct. (General Fund)

Costs 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. Costs will depend on whether the duties imposed by this bill constitute a reimbursable state mandate, as determined by the Commission on State Mandates. (General Fund)

SUPPORT: (Verified 8/13/26)

Voters of Tomorrow (source)
A New Path
ACLU California Action
Alameda; City of
California Academy of Family Physicians
California Black Power Network
California Chapter of the American College of Emergency Physicians
California Coalition for Sheriff Oversight
California Coalition for Women Prisoners
California Community Foundation
California Immigrant Policy Center
California Latino Legislative Caucus
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
Community Works West
Courage California

Disability Rights California
Drug Policy Alliance
Ella Baker Center for Human Rights
Fair Chance Project
Families Inspiring Reentry & Reunification 4 Everyone
Felony Murder Elimination Project
Fresh Lifelines for Youth
Glide
Healthright 360
Justice2jobs Coalition
LA Defensa
Los Angeles Regional Reentry Partnership
Peace and Justice Law Center
Pillars of the Community
Rubicon Programs
San Francisco Public Defender
San Quentin Skunkworks
Sister Warriors Freedom Coalition
Smart Justice California, a Project of Beyond Impact
Starting Over INC.
Sustainable Economies Law Center
The Sidewalk Project
Transitions Clinic Network
United EMS Workers, Afscme Local 4911

OPPOSITION: (Verified 8/13/26)

Association for Los Angeles Deputy Sheriffs
California Peace Officers' Association
California Police Chiefs Association
California State Sheriffs' Association
Chief Probation Officers of California
Peace Officers Research Association of California

ASSEMBLY FLOOR: 53-19, 5/27/26
AYES: Addis, Aguiar-Curry, Ahrens, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Connolly, Elhawary, Fong, Gabriel, Garcia, Gipson, Mark González, Haney, Harabedian, Hart, Irwin, Jackson, Kalra, Krell, Lee, Lowenthal, McKinnor, Muratsuchi, Nguyen, Ortega, Papan, Patel, Pellerin, Petrie-Norris, Quirk-Silva,

Ransom, Rogers, Schiavo, Schultz, Sharp-Collins, Solache, Stefani, Valencia, Ward, Wicks, Wilson, Zbur, Rivas
NOES: Alanis, Chen, Davies, DeMaio, Dixon, Ellis, Flora, Gallagher, Jeff Gonzalez, Hadwick, Hoover, Johnson, Lackey, Macedo, Patterson, Sanchez, Ta, Tangipa, Wallis
NO VOTE RECORDED: Bennett, Castillo, Pacheco, Ramos, Celeste Rodriguez, Michelle Rodriguez, Blanca Rubio, Soria

Prepared by: Alex Barnett / PUB. S. /
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****** END ******