CONCURRENCE IN SENATE AMENDMENTS
AB 2318 (Elhawary)
As Amended August 13, 2026
Majority vote

SUMMARY

Prohibits a federal, state, or local law enforcement officer from denying or delaying access to medical care for an individual under law enforcement control if it is safe and reasonable to provide access to care, and requires law enforcement officers to document when they do deny or delay access to medical care.

Senate Amendments

1) Change the definition of "medical professional" to mean an individual who is qualified by education, training, licensure, or regulation to perform a professional medical service within their scope of practice.

2) Clarify that the prohibition against a law enforcement officer denying or delaying access to medical care for an individual under law enforcement control applies only if a medical professional is willing to render care to the individual.

3) Clarify that law enforcement must document, rather than disclose, when access to medical care is denied or delayed to the extent that it does not compromise an ongoing criminal investigation or officer safety.

4) Remove the requirement that law enforcement document the specific threat relied upon to deny medical care.

5) Remove the requirement that the Commission on Peace Officer Standards and Training (POST) incorporate guidance on facilitating emergency medical access, scene security standards, and coordination with emergency medical services into law enforcement training curricula.

6) Expand the prohibition against a law enforcement officer obstructing access to medical evaluation for an individual under law enforcement control, as specified, to apply to individuals in custody in a county jail, and specify that this prohibition does not apply to an individual in the custody of the Department of Corrections and Rehabilitation.

7) Limit the entities that must be provided with the law enforcement reports required by this bill to a relevant civilian oversight body or the Office of Inspector General (OIG).

8) Make conforming and clarifying changes.

COMMENTS

As Passed by the Assembly: Prohibited 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 required law enforcement officers to provide written documentation when they do deny or delay access to medical treatment.

Major Provisions

1) Made 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 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 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.

According to the Author
"Far too many individuals have died at the hands of Immigration and Customs Enforcement (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 "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. These risks are especially acute in situations involving overdose, withdrawal, or co-occurring conditions. *These outcomes impose far greater costs on California's healthcare system than timely interventions would.* Early medical evaluation and treatment is consistently one of the most cost-effective interventions in emergency medicine, requiring downstream expenditures that would multiply many times over if care 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 and creates accountability mechanisms. *By setting clear expectations and procedures, the bill helps reduce costly litigation, settlements, and judgments 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. *Protecting and saving lives across California is an investment worth making."*

Arguments in Opposition
According to the *California State 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 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 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 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 the California Peace Officers Standards and Training (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)"

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

ASSEMBLY FLOOR: 53-19-8
YES: 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
NO: Alanis, Chen, Davies, DeMaio, Dixon, Ellis, Flora, Gallagher, Jeff Gonzalez, Hadwick, Hoover, Johnson, Lackey, Macedo, Patterson, Sanchez, Ta, Tangipa, Wallis
ABS, ABST OR NV: Bennett, Castillo, Pacheco, Ramos, Celeste Rodriguez, Michelle Rodriguez, Blanca Rubio, Soria

UPDATED

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