

Date of Hearing: April 21, 2026

Counsel: Mary Kennedy

ASSEMBLY COMMITTEE ON PUBLIC SAFETY

Nick Schultz, Chair

AB 2405 (Gipson) – As Amended April 16, 2026

SUMMARY: Requires a law enforcement agency, when transporting a person to an emergency department, to transport the person to the nearest appropriate emergency department, as specified. Specifically, **this bill:**

- 1) Requires any transport by law enforcement to an emergency department for any reason to be transport to the nearest appropriate emergency department.
- 2) Provides exceptions for the requirements in this bill for transports involving trauma, ST-elevation myocardial infarction (STEMI), stroke, or other conditions subject to established state or local specialty destination protocols.
- 3) Clarifies that none of the obligations required in this bill limit a peace officer's ability to transport individuals to the appropriate alternative destination site, including sobering centers, detox centers, behavioral health crisis centers, psychiatric stabilization units, freestanding psychiatric hospitals, or designated or contracted psychiatric emergency facilities.
- 4) Specifies nothing in this bill limits local EMS agency authority to establish destination policies.
- 5) Defines the following terms:
 - a) "Law enforcement agency" means any city or municipal police department, county sheriff's department, or other public agency that employs peace officers, as specified.
 - b) "Nearest appropriate emergency department" to mean the licensed general acute care hospital emergency department that is geographically closest to where the peace officer first assumed custody of the individual for purposes of transport.
- 6) Clarifies none of the obligations required in this bill limit a peace officer's ability to transport individuals to the appropriate alternative destination site, including sobering centers, detox centers, behavioral health crisis centers, psychiatric stabilization units, freestanding psychiatric hospitals, or designated or contracted psychiatric emergency facilities.
- 7) Specifies nothing in this bill limits local Emergency Medical Authority (LEMSA) to establish destination policies.
- 8) Requires each law enforcement agency to report all emergency department transports quarterly to the Emergency Medical Services Authority (EMSA), as specified.

- 9) Requires the reported data include, but is not limited to:
 - a) Origin location of the transported individual.
 - b) Destination facility and the date and time of transport.
 - c) Stated rationale for destination selection.
 - d) Whether the destination was the nearest appropriate emergency department or an alternative destination site.
 - e) Demographic information of the transported individual, excluding personally identifiable information.
- 10) Requires EMSA to publish annual aggregate reports on its website.
- 11) Requires EMSA to have regulatory oversight authority to implement and ensure compliance.
- 12) Authorizes EMSA to conduct audits, require corrective action plans, and impose administrative civil penalties not to exceed \$25,000 per pattern of violation, as specified.
- 13) Authorizes the Department of Justice (DOJ) to bring a civil action for injunctive relief or civil penalties for violations of these requirements.

EXISTING LAW:

- 1) Establishes the EMSA, under the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, which is responsible for the coordination of various state activities concerning emergency medical services. (Health & Saf. Code, § 1797, *et seq.*)
- 2) Requires, among other things, EMSA to develop planning and implementation guidelines for EMS systems, provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of EMS systems, and receive plans for the implementation of EMS and trauma care systems from local EMS agencies. (Health & Saf. Code, §§ 1797.103 & 1797.105)
- 3) Provides each county may develop an emergency medical services program. Each county developing such a program shall designate a LEMSA which shall be the county health department, an agency established and operated by the county, an entity with which the county contracts for the purposes of local emergency medical services administration, or a joint powers agency created for the administration of emergency medical services by agreement between counties or cities and counties, as specified. (Health & Saf. Code §1797.200.)
- 4) Declares the intent of the Legislature to promote the development, accessibility, and provision of emergency medical services to the people of the State of California and it is the policy of the State of California that people shall be encouraged and trained to assist others at the scene of a medical emergency. Local governments, agencies, and other organizations shall be encouraged to offer training in cardiopulmonary resuscitation and lifesaving first aid

techniques so that people may be adequately trained, prepared, and encouraged to assist others immediately. (Health & Saf. Code, § 1797.5.)

- 5) Requires LEMSA local plans, as specified, to require that in providing emergency medical transportation services to any patient, the patient shall be transported to the closest appropriate medical facility, if the emergency health care needs of the patient dictate this course of action. (Health & Saf. Code, § 1797.114.)
- 6) Authorizes each county to develop an emergency medical services program. Each county developing such a program shall designate a local EMS agency which shall be the county health department, an agency established and operated by the county, an entity with which the county contracts for the purposes of local emergency medical services administration, or a joint powers agency created for the administration of emergency medical services by agreement between counties or cities and counties. (Health & Saf. Code, § 1797.200.)
- 7) States that, upon the request of a city or fire district that contracted for or provided prehospital emergency medical services, a county must enter into a written agreement with the city or fire district regarding the provision of prehospital emergency medical services for that city or fire district. Until such time that an agreement is reached, prehospital emergency medical services shall be continued at not less than the existing level, and the administration of prehospital EMS by cities and fire districts presently providing such services shall be retained by those cities and fire districts, except the level of prehospital EMS may be reduced where the city council, or the governing body of a fire district, pursuant to a public hearing, determines that the reduction is necessary. (Health & Saf. Code, § 1797.201.)
- 8) Authorizes a county, as specified, to adopt ordinances governing the transport of a patient who is receiving care in the field from prehospital emergency medical personnel, when the patient meets specific criteria for trauma, burn, or pediatric centers adopted by the LEMSA. (Health & Saf. Code, § 1797.222.)
- 9) Authorizes a LEMSA to develop a community paramedicine or triage to alternate destination program that is consistent with the EMSA's regulations, as specified. (Health & Saf. Code, § 1840.)

FISCAL EFFECT: Unknown

COMMENTS:

- 1) **Author's Statement:** According to the author, "AB 2405 ensures some of the most vulnerable Californians receive timely emergency care by aligning law enforcement transport practices with established EMS standards and promoting fairness across our healthcare system. This change is in the best interest of vulnerable patients who need access to emergency care as well as resource-constrained community hospitals who are overwhelmed by drop-offs from law enforcement agents."
- 2) **EMSA:** The Emergency Medical Services Authority (EMSA) was created in 1980 to provide leadership in developing EMS systems throughout California and to develop standards for training and scope of practice for EMS personnel. Prior to 1980, California did not have a

central state agency responsible for ensuring the development and coordination of EMS services and programs statewide.

According to the EMSA website:

Although the many stakeholders in EMS, including local administrators, fire agencies, ambulance companies, hospitals, physicians, nurses, and other health care providers did not agree on all issues, there was a consensus that a more unified approach was needed to emergency and disaster medical services. After several years of effort by the EMS constituents to establish a state lead agency, Governor Jerry Brown signed into law the Emergency Medical Services System and Prehospital Emergency Care Personnel Act in 1980 creating the Emergency Medical Services Authority. EMSA's mission is to ensure quality patient care by administering an effective statewide system of coordinated emergency medical care, injury prevention and disaster medical response.¹

The stated vision of EMSA is strong internal and external working relationships that promote public trust and quality patient care. Emergency and disaster medical services in California are rooted in the skills and commitment of the first responders, EMTs, nurses, physicians, and administrators who deliver care to the public and operate the system. In order for high quality services to be delivered efficiently, all aspects of EMS systems must work together, mutually reinforcing and supporting each other for the benefit of the patient. The EMSA plays a central role in improving the quality of emergency medical services available for all Californians by setting standards, building consensus, and providing leadership.

- 3) **LEMSA:** The EMS Act authorizes each county to develop an EMS program and to designate a LEMSA that oversees the delivery of EMS within that geographic area. This level of governance allows for local control of emergency medical services that is desirable in a state as large and diverse as California. Essential functions performed by local EMS agencies include, among other things: planning, implementing, evaluating, and continually improving local EMS systems including prehospital services and relevant hospital services such as trauma and pediatrics; collaborating with other health officials to ensure a unified, coordinated approach in the delivery of health care; carrying out regulations relative to EMS systems; certifying, accrediting, and authorizing EMS field personnel; developing medical treatment protocols and policies for local EMS service providers (EMTs, paramedics, dispatchers); and designating trauma centers and other specialty care centers.²

According to EMSA's website,

“All 33 LEMSAs (single county or multi county regions) have developed an EMS system and plan, implement, and evaluate their EMS systems in accordance with HSC 1797.204. The LEMSAs submit their EMS plans to the Authority for approval.

¹ https://www.emsa.ca.gov/caemsa?id=about_us

² <https://emsaac.org/what-is-a-lemsa/>

The LEMSAs, upon request, evaluate cities and fire districts for compliance with HSC 1797.201, and create exclusive operating areas pursuant to HSC 1797.224 where applicable. The procedures and provisions for carrying out the responsibilities noted above have been specified in state guidelines and county policies and procedures, and adhered to voluntarily over the years.³

LEMSAs include Alameda County EMS, Central California EMSA, Coastal Valley EMSA, Contra Costa EMSA, El Dorado County EMSA, Imperial Counties EMSA, Kern County EMSA, Los Angeles County EMSA, Marin County EMSA, Merced County EMSA, Monterey County EMSA, Mountain Counties EMSA, Napa County EMSA, North Coast EMSA, Northern California EMSA, Orange County EMSA, Riverside County EMSA, Sacramento County EMSA, San Benito EMSA, San Diego County EMSA, San Francisco EMSA, San Joaquin EMSA, San Luis Obispo EMSA, San Mateo County Health EMSA, County of Santa Barbara EMSA, County of Santa Clara EMSA, County of Santa Cruz EMSA, Sierra-Sacramento Valley EMSA, Solano County EMSA, Stanislaus County EMSA, Tuolumne County EMSA, Ventura County EMSA, and Yolo County EMSA.

- 4) **Local Law Enforcement Roles in EMSA:** EMSA and LEMSAs do not usually cover law enforcement officers such as police and sheriff deputies. EMS regulatory agencies cover firefighters, paramedics, EMTs, and other first responders, but law enforcement is not required to maintain licensure through their LEMSA, except where they chose to obtain a Public Safety First Aid Certification to provide basic emergency medical care while performing their job duties.

To become Public Safety First Aid certified, you must complete an approved Public Safety First Aid and Cardiopulmonary Resuscitation course that meets state standards. The initial course must include at least 21 hours of instruction and cover topics such as scene safety and patient assessment, bleeding control and shock care, medical and trauma emergencies, airway and breathing emergencies, adult, child, and infant cardiopulmonary resuscitation, use of an automated external defibrillator, and relief of choking. Students must successfully demonstrate both knowledge and hands-on skills during the course. Training is typically arranged through your employer or agency. Public Safety First Aid certification is valid for two years from the date of course completion. To continue performing public safety duties that require first aid care, certification must be renewed before it expires.⁴

- 5) **Law Enforcement Transport to Emergency Departments:** While ambulance transport remains the preferred and standard mode of patient transfer to a hospital, law enforcement officers may transport injured individuals directly in patrol vehicles. This most often occurs in time-critical emergencies where delays in EMS arrival are likely to worsen patient outcomes and reduce survival rates, such as severe trauma, mass casualty, or large emergency or disaster incidents. In these situations, officers on scene must make rapid, high-stakes decisions about whether immediate transport to the nearest appropriate medical facility is preferable to waiting for paramedics, often after providing basic lifesaving

³ <https://www.emsa.ca.gov/caemsa?id=lemsa>

⁴ https://www.emsa.ca.gov/caemsa?id=public_safety_personnel

interventions. Although police transport can serve as a viable option in overwhelmed or resource-constrained environments, it is not a substitute for EMS care, as it lacks in-transit medical support, monitoring, and hospital pre-notification. As a result, this type of emergency department transfer is typically guided by situational factors including injury severity, proximity to care, EMS availability, and established local protocols.

- 6) **Law enforcement to transfer to nearest appropriate emergency department:** This bill requires that any transport by law enforcement to an emergency department for any reason should be to the nearest emergency department. The nearest emergency department is defined as the licensed general acute care hospital emergency department that is closest either geographically or by time to where the peace officer assumed custody.

The requirement that the emergency department is the nearest does not apply if the transport involves trauma, heart attack, stroke or other conditions that might require a specialty destination.

The bill also does not limit a peace officer's ability to transport individuals to appropriate alternative sites such as sober center, detox centers, behavioral health crisis centers, psychiatric stabilization units, freestanding psychiatric hospitals, tied or contracted psychiatric emergency facilities.

This bill also does not limit the authority of a local EMS agency to establish destination policies as described in Comment 3.

- 7) **Reporting:** This bill requires each law enforcement agency to report quarterly to the EMS authority specified data related to transports by the agency. The EMS authority shall publish annual aggregate reports on its website.
- 8) **Regulatory oversight:** This bill provides that the EMS authority has regulatory authority over the implementation and compliance with the provisions of this bill. It provides that the EMS authority can take corrective action and impose administrative civil fines not to exceed \$25,000 when there is a pattern of violations of the provisions of this bill.
- 9) **Argument in Support:** According to the *California Hospital Association*: "There is no greater priority for California's hospitals than providing timely, appropriate care to all who come to an emergency department (ED). EDs remain open and provide care to all patients at all times. With ED visits at an all-time high — and approximately 2.1 million Californians estimated to lose health coverage by 2034 because of the One Big Beautiful Bill Act (OBBBA) — ensuring equitable, timely, and consistent access to emergency care is more essential than ever. **On behalf of nearly 400 hospitals and health systems, the California Hospital Association (CHA) supports Assembly Bill (AB) 2405 (Gipson D-Gardena), which would reduce unsafe, inequitable delays in care for vulnerable patients.** Law enforcement agencies are not uniformly guided by statewide medical transport standards, resulting in inconsistent and discretionary practices across California. AB 2405 would clarify practices by requiring that law enforcement officers who transport an individual to an ED go to the nearest appropriate facility, with exceptions for specialized care needs and alternate destinations such as behavioral health facilities, detox centers, or sobering centers. This would ensure patients transported by law enforcement get the care they need as quickly as possible."

10) **Related Legislation:** None

11) **Prior Legislation:** None

REGISTERED SUPPORT / OPPOSITION:

Support

California Hospital Association
Mlk Community Healthcare

Opposition

California Police Chiefs Association
California State Sheriffs' Association

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