

ASSEMBLY THIRD READING

AB 2405 (Gipson)

As Amended May 18, 2026

Majority vote

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.

Major Provisions

- 1) Requires a local or state law enforcement agency providing emergency transport to transport the person to the nearest appropriate emergency department, which means the licensed general acute care hospital emergency department that is the closest, geographically or by time, to where the peace officer first assumed custody of the individual, exclusive of the following:
 - a) transports during a mass casualty incident or a declared local emergency,
 - b) when transports involving trauma or other specialty conditions, as specified, are subject to established specialty destinations protocols, if those protocols apply to law enforcement, as specified.
 - c) When the closest hospital has formally declared diversion or when a public safety answering point, emergency medical services provider, or hospital conveys to the transporting law enforcement officer that the hospital cannot receive patients, in which case the person must be transported to the next nearest appropriate emergency department, as specified.
- 2) Clarifies the above requirements does not limit a peace officer's ability to transport a person to an appropriate alternative destination site and requires that, if an alternative destination site is unable to accept an individual, the individual be transported to the nearest appropriate emergency department to where the peace officer first assumed custody of the individual.
- 3) Clarifies the above requirements does not limit the authority of local emergency medical services (EMS) agencies to establish destination policies.
- 4) Requires each law enforcement agency to submit a quarterly report to the Emergency Medical Services Authority (EMSA) containing certain information about law enforcement emergency transports, such as the origin location of the transported person and stated rationale for destination selection, and requires EMSA to publish aggregate reports annually on EMSA's website.
- 5) Requires EMSA to have regulatory oversight authority to ensure compliance with these provisions, and authorizes EMSA to conduct audits, require corrective action plans, and impose administrative civil penalties of up to \$25,000 per pattern of violation.

COMMENTS

Background: Existing law mandates that local EMS agency local plans require that, in providing emergency medical transportation services to any patient, the patient is transported to the closest appropriate medical facility, if the emergency health care needs of the patient dictate this course of action. This bill intends to apply the same standard, along with reporting requirements, to law enforcement agencies.

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 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.

The Emergency Medical Services Authority (EMSA): EMSA is charged with providing leadership in developing and implementing EMS systems throughout California and setting standards for the training and scope of practice of various levels of EMS personnel. The EMS Authority also has responsibility for promoting disaster medical preparedness throughout the state, and, when required, coordinating and supporting the state's medical response to major disasters. According to EMSA, emergency and disaster medical services in California are rooted in the skills and commitment of the first responders, emergency medical technicians (EMTs), nurses, physicians, and administrators who deliver care to the public and operate the system.

In California, day-to-day EMS system management is the responsibility of the local and regional EMS agencies. It is principally through these agencies that the EMS Authority works to promote quality EMS services statewide. EMS Authority staff also work closely with many local, state and federal agencies and private enterprises with emergency and/or disaster medical services roles and responsibilities.

Local EMS Agencies (LEMSAs): California's 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.

According to EMSA, "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. 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.

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."

Arguments in Support

According to MLK Community Hospital, "Unlike EMS providers (e.g. paramedics, EMTs), who operate under clear destination protocols requiring transport to the nearest appropriate facility, law enforcement agencies are not uniformly guided by comparable statewide medical transport standards. This results in inconsistent and inequitable practices across jurisdictions. AB 2405 seeks to remedy this problem by requiring that law enforcement officers who transport an individual to an emergency department go to the nearest available emergency department. This would support patients getting the care they need in a timely manner and help distribute emergency department care fairly among existing hospitals."

Arguments in Opposition

According to the League of California Cities, "While we are in support of transporting patients to the nearest hospital, the measure would amend the Emergency Medical Services Act (EMSA) and make this a requirement statewide. Under existing law, regions have a designated Local Emergency Services Agency (LEMSA) which adopts protocols for EMS including patient transport. This means that there are different protocols in each region to provide maximum flexibility for local conditions. AB 2405 would make changes statewide which may not work in every region and Cal Cities is opposed to removing this local flexibility. While we have heard of the issues in Los Angeles County related to patient dumping at one facility, there has not been any data or evidence that this is a statewide problem. Without this information, this bill could have unintentional consequences for the rest of the state. In addition, this bill adds significant reporting requirements which may be difficult to achieve and imposes fines for noncompliance. However, the bill does not provide specifics regarding the fines and it is unclear how these fines would be imposed by the State."

FISCAL COMMENTS

According to the Assembly Committee on Appropriations:

- 1) Costs of an unknown amount to state law enforcement agencies to update emergency transport practices, to the extent existing practices differ from this bill's requirements, and submit quarterly reports to EMSA (special fund).
- 2) By requiring a local law enforcement agency to update emergency transport practices and submit quarterly reports to EMSA, this bill may create a state-mandated local program. If

the Commission on State Mandates determines the provisions of this bill create a new program or impose a higher level of service for which the state must reimburse local costs, the local agency could seek reimbursement from the state (General Fund (GF)). The magnitude of costs may exceed \$150,000 across the 58 county sheriff departments and hundreds of city police departments in California.

- 3) Costs of approximately \$1.5 million in fiscal year 2026-27 to EMSA, including \$1 million to automate the collection of required data, and \$500,000 ongoing to EMSA to oversee the collection of data, review data, and publish the annual report (GF).

VOTES

ASM EMERGENCY MANAGEMENT: 5-1-1

YES: Ransom, Arambula, Bains, Bennett, Calderon

NO: Hadwick

ABS, ABST OR NV: DeMaio

ASM PUBLIC SAFETY: 7-0-2

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

ABS, ABST OR NV: Alanis, Lackey

ASM APPROPRIATIONS: 11-3-1

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

NO: Dixon, Ta, Tangipa

ABS, ABST OR NV: Hoover

UPDATED

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