

Date of Hearing: April 13, 2026

ASSEMBLY COMMITTEE ON EMERGENCY MANAGEMENT

Rhodesia Ransom, Chair

AB 2405 (Gipson) – As Amended March 23, 2026

SUBJECT: Emergency Medical Services Act

SUMMARY: Requires a law enforcement agency, when transporting a person to an emergency department, to transport the person to the nearest appropriate emergency department and establishes related reporting and oversight requirements and civil action authorizations.

Specifically, **this bill:**

- 1) Defines “law enforcement agency” to mean any city or municipal police department, county sheriff’s department, or other public agency that employs peace officers, as specified.
- 2) Defines, “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.
- 3) Requires any transport by law enforcement to an emergency department for any reason to be transport to the nearest appropriate emergency department.
- 4) Provides exceptions for the above requirement for transports involving trauma, ST-elevation myocardial infarction (STEMI), stroke, or other conditions subject to established state or local specialty destination protocols.
- 5) Specifies nothing in this bill limits 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.
- 6) Specifies nothing in this bill limits local EMS agency authority to establish destination policies.
- 7) Requires each law enforcement agency to report all emergency department transports in a quarterly report to the Emergency Medical Services Authority(EMSA), as specified.
- 8) Requires the reported data to include, but not be 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; and

- e. Demographic information of the transported individual, excluding personally identifiable information.
- 9) Requires EMSA to publish annual aggregate reports on its internet website.
- 10) Requires EMSA to have regulatory oversight authority to implement and ensure compliance.
- 11) Authorizes EMSA to conduct audits, require corrective action plans, and impose administrative civil penalties, as specified.
- 12) Authorizes the Attorney General to bring a civil action for injunctive relief or civil penalties for a related violation.

EXISTING LAW:

- 1) Establishes the Emergency Medical Services Authority, 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 and Safety Code Section 1797)
- 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 and Safety Code Section 1797.103-105)
- 3) Provides each county may 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, as specified. (Health and Safety Code Section 1797.200)
- 4) Requires local EMS agency 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 and Safety Code (HSC) Section 1797.114)
- 5) 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 local EMS agency. (HSC Code Section 1797.222)
- 6) Authorizes a local EMS agency to develop a community paramedicine or triage to alternate destination program that is consistent with the Emergency Medical Services Authority's regulations, as specified. (HSC Code Section 1840)

FISCAL EFFECT: Unknown. A fiscal committee has not analyzed this bill.

COMMENTS:

Author Statement: “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.”

Equity Statement: “Emergency departments in low-income communities that disproportionately care for patients with behavioral health needs, including those who require 5150 involuntary holds, are often under-resourced and overcrowded. This bill addresses inequities affecting low-income communities and patients served by safety-net hospitals by ensuring fair distribution of emergency care and patient load. It will also help reduce delays in treatment and improve safety and quality by reducing dangerous overcrowding in strained emergency departments. For example, [MLK Community Hospital] already has the highest Medicaid emergency department volume compared to every hospital emergency department in the state of California and has one of the highest ED bed burdens.

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, 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.

Double Referral: If AB 2405 passes this Committee, it will be heard by the Assembly Committee on Public Safety.

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."

REGISTERED SUPPORT / OPPOSITION:

Support

MLK Community Hospital

Opposition

None on file.

Analysis Prepared by: Ryan Fleming / E.M. / (916) 319-3802