
SENATE COMMITTEE ON PUBLIC SAFETY

Senator Jesse Arreguín, Chair
2025 - 2026 Regular

Bill No: AB 1607 **Hearing Date:** June 30, 2026
Author: Mark González
Version: March 26, 2026
Urgency: No **Fiscal:** No
Consultant: ML

Subject: *EMS*

HISTORY

Source: California Chapter of the American College of Emergency Physicians

Prior Legislation: AB 177 (2021) Ch. 257, Stats. of 2021
SB 144 (Mitchell), not heard in Assembly Public Safety, 2019
SB 867 (Roth), Ch. 147, Stats. of 2016
SB 191 (Padilla), Ch. 600, Stats. of 2013
SB 1773 (Alarcón), Ch. 841, Stats. of 2006

Support: American College of Surgeons: Southern and San Diego Chapters; California Children's Hospital Association; California Hospital Association; California State Association of Counties; California State Sheriffs' Association; Children's Specialty Care Coalition; Contra Costa County; Cottage Health; County Health Executives Association of California; County of Alameda; County of Kern; County of Riverside; County of San Diego; County of San Mateo; County of Yolo; Emergency Medical Services Administrators' Association of California; Health Officers Association of California; Sierra - Sacramento Valley EMS Agency

Opposition: Ella Baker Center for Human Rights

Assembly Floor Vote: 72 - 1

PURPOSE

The purpose of this bill is to extend the sunset date, until January 1, 2037, for the Maddy Emergency Medical Services (EMS) Fund, which authorizes each county to levy an additional \$2 for every \$10, or part of \$10, upon criminal fines to support an EMS fund for reimbursement of costs related to patients who do not make payment for EMS.

Existing law states that for the purposes of supporting EMS as specified, in addition to other specified criminal penalties, a county board of supervisors may elect to levy an additional penalty in the amount of \$2 for every \$10, or part of \$10, upon every fine, penalty, or forfeiture imposed and collected by the courts for all criminal offenses. (Gov. Code, § 76000.5, subd. (a)(1).)

Existing law specifies that the additional penalty for EMS does not apply to the restitution fine, parking violations, the state surcharge, and specified penalty assessments. (Gov. Code, § 76000.5, subd. (a)(2).)

Existing law provides that the EMS funds shall be collected only if the county board of supervisors provides that the increased penalties do not offset or reduce the funding of other programs from other sources, but that these additional revenues result in increased funding to those programs. (Gov. Code, § 76000.5, subd. (b).)

Existing law states that moneys collected for the EMS fund shall be taken from fines and forfeitures deposited with the county treasurer prior to any division. (Gov. Code, § 76000.5, subd. (c).)

Existing law specifies that funds collected pursuant to this section shall be deposited into the Maddy EMS Fund. (Gov. Code, § 76000.5, subd. (d).)

Existing law states that the EMS Fund sunsets on January 1, 2027. (Gov. Code, § 76000.5, subd. (e).)

Existing law provides that each county may establish an EMS fund upon the adoption of a resolution by the board of supervisors. (Health & Saf. Code, § 1797.98a, subd. (b)(1).)

Existing law specifies that the costs of administering the fund shall be reimbursed by the fund in an amount that does not exceed the actual administrative costs or 10 percent of the amount of the fund, whichever amount is lower. (Health & Saf. Code, § 1797.98a, subd. (b)(2).)

Existing law states that all interest earned on moneys in the fund shall be deposited in the fund for disbursement as specified in this section. (Health & Saf. Code, § 1797.98a, subd. (b)(3).)

Existing law states that the amount in the fund, reduced by the amount for administration and the reserve, shall be utilized to reimburse physicians, surgeons, and hospitals for patients who do not make payment for EMS and for other EMS purposes as determined by each county according to the following schedule:

- 58 percent of the balance of the fund shall be distributed to physicians and surgeons for emergency services provided by all physicians and surgeons, except those physicians and surgeons employed by county hospitals, in general acute care hospitals that provide basic, comprehensive, or standby emergency services, as specified, up to the time the patient is stabilized. (Health & Saf. Code, § 1797.98a, subd. (b)(5)(A).)
- 25 percent of the fund shall be distributed only to hospitals providing disproportionate trauma and emergency medical care services. (Health & Saf. Code, § 1797.98a, subd. (b)(5)(B).)
- 17 percent of the fund shall be distributed for other EMS purposes as determined by each county, including, but not limited to, the funding of regional poison control centers. Funding may be used for purchasing equipment and for capital projects only to the extent that these expenditures support the provision of emergency services and are consistent with the intent of this chapter. (Health & Saf. Code, § 1797.98a, subd. (b)(5)(C).)

Existing law states that the source of the moneys in the fund shall derive from the penalty assessment made for this purpose. (Health & Saf. Code, § 1797.98a, subd. (c).)

Existing law specifies that, of the money deposited into the fund as specified, 15 percent shall be utilized to provide funding for all pediatric trauma centers throughout the county, both publicly and privately owned and operated. (Health & Saf. Code, § 1797.98a, subd. (e).)

Existing law states that counties that do not maintain a pediatric trauma center shall utilize the money deposited into the fund to improve access to, and coordination of, pediatric trauma and emergency services in the county, with preference for funding given to hospitals that specialize in services to children, and physicians and surgeons who provide emergency care for children. (Health & Saf. Code, § 1797.98a, subd. (e).)

This bill extends the sunset date, until January 1, 2037, for the Maddy EMS (EMS) Fund, which authorizes each county to levy an additional \$2 for every \$10, or part of \$10, upon criminal fines to support an EMS fund for reimbursement of costs related to patients who do not make payment for EMS.

COMMENTS

1. Need for This Bill

The author writes:

California's Emergency Departments are the health care safety net and the front lines of any public health emergency. With numbers on the rise, over 15 million Californians visit an ED across the state each year. The Maddy Fund was designed to support patients and providers, ensuring those who need care can receive it and those who provide care can be reimbursed for it. Without the Maddy Fund, we will see ED across this state, including at rural hospitals, shutter their doors.

2. Maddy EMS Fund

In 1987, the Legislature approved the establishment of the Maddy EMS Fund, and although counties are not required to establish EMS funds, almost all counties have done so. (Health & Saf. Code, § 1797.98a, subd. (b)(1).) The Legislature intended the EMS funds to reimburse physicians, hospitals, and other providers of emergency services, specifically for patients who do not have health insurance coverage for emergency services and care, cannot afford to pay for those services, and for whom payment will not be made through any private coverage or by any program funded in whole or in part by the federal government, as specified. (Health & Saf. Code, § 1797.98c, subd. (c).)

SB 1773 (Alarcon), Chapter 841, Statutes of 2006, further authorized county boards of supervisors to levy an additional penalty in the amount of \$2 for every \$10, or part of \$10, for criminal offenses, violations relating to the Vehicle Code, and alcoholic beverages, to finance county EMS funds. Under SB 1773, 15 percent of the funds collected must be utilized to fund pediatric trauma centers in the county, both publicly and privately owned and operated. The expenditure of money is limited to reimbursement to physicians, surgeons, and hospitals for

3. Existing Penalty Assessments

Pen. Code, § 1464 state penalty on fines:	1,000 (\$10 for every \$10)
Pen. Code, § 1465.7 state surcharge:	200 (\$2 for every \$10)
Pen. Code, § 1465.8 court operation assessment:	40 (\$40 fee per criminal offense)
Gov. Code, § 70372 court construction penalty:	500 (\$5 for every \$10)
Gov. Code, § 70373 assessment:	30 (\$30 for felony or misdemeanor)
Gov. Code, § 76000 penalty:	700 (\$7 for every \$10)
Gov. Code, § 76000.5 EMS penalty:	200 (\$2 for every \$10)
Gov. Code, § 76104.6 DNA fund penalty:	100 (\$1 for every \$10)
Gov. Code, § 76104.7 additional DNA fund penalty:	400 (\$4 for every \$10)

It should be noted that this figure does not include victim restitution or the restitution fine, and that other fines and fees, such as the jail booking fee, attorney fees, and probation department fees, are also excluded.

Criminal fines and penalties have climbed steadily in recent decades, while these fines have realized diminishing returns from collection efforts. In a recent Legislative Analyst's Office (LAO) report on criminal fines and fees, they report that, "total amount of fine and fee revenue distributed to state and local governments has steadily declined since 2010-11. This has resulted in the state taking various actions to address a number of state funds (and the programs they

¹ *Ending Criminal Administrative Fees in California* (December 2024) University of California, Berkeley, School of Law, Policy Advocacy Clinic <<https://www.law.berkeley.edu/experiential/clinics/policy-advocacy-clinic/adult-fees/>> [as of June 18, 2026].

support) facing insolvency.”² Furthermore, often times, counties spend more money attempting to collect criminal fines and fees than the value of the fees themselves. The ACLU of Southern California writes that in Los Angeles County, for example:

The county collects a minimal amount—less than 4 percent—of the fees it assesses, because people cannot afford to pay. The county spends millions to collect that amount, in addition to using unmeasured criminal legal system resources to enforce payment. Imposing fees also results in social costs that threaten overall economic wellbeing in the county.³

In a recent landmark decision by the California Second District Court of Appeal, the Court held that “[i]mposing unpayable fines on indigent defendants is not only unfair, it serves no rational purpose, fails to further the legislative intent, and may be counterproductive.” (*People v. Dueñas* (2019) 30 Cal.App.5th 1157, 1167.) Further, in another recent decision by the California Supreme Court, the Court recognized that imposing significant fines and fees on indigent defendants raises serious due process concerns and may be inappropriate absent an ability-to-pay determination. (*People v. Kopp* (2019) 19 Cal.5th 1, 30.)

Given some of the problems identified by the LAO and California courts, the Legislature should consider whether continuing to use criminal fines and fees that individuals often struggle to pay is the best way to fund the Maddy EMS Fund and other important programs that generate revenues through assessment of criminal penalties.

5. Effect of This Bill

This bill extends the sunset date until January 1, 2037, for the Maddy EMS (EMS) Fund, which authorizes each county to levy an additional \$2 for every \$10, or part of \$10, upon criminal fines to support an EMS fund for reimbursement of costs related to patients who do not make payment for EMS.

6. Argument in Support

The Alameda County Board of Supervisors writes:

The Maddy EMS Fund provides essential reimbursement support for hospitals and physicians delivering emergency care to uninsured patients, helping sustain physician staffing, trauma readiness, pediatric emergency services, and rapid emergency response systems throughout California. By removing the sunset date, AB 1607 provides needed continuity and long-term stability for this vital public health and safety program.

Within Alameda County, this funding supports a healthcare system that faces substantial emergency care demand. Alameda Health System operates emergency departments at Highland Hospital, Alameda Hospital, and San Leandro Hospital, collectively serving more than 100,000 emergency department visits annually.

² California’s Legislative Analyst’s Office (LAO), *Overview of Criminal Fine and Fee System and Notable Related Actions* (June 23, 2023) <<https://lao.ca.gov/handouts/crimjust/2023/Criminal-Fine-and-Fee-Actions-062323.pdf>> [as of June 23, 2026].

³ ACLU of Southern California, *Costs of Injustice* (Nov. 2019) <https://www.aclusocal.org/app/uploads/2019/11/aclu_socal_costs_of_injustice.pdf> [as of June 23, 2026].

Highland Hospital serves as the East Bay's only Level I Adult Trauma Center, treating more than 2,600 trauma patients each year and providing critical care to residents from Alameda County and neighboring jurisdictions. Across all hospitals in the county, emergency departments provide an estimated 350,000 emergency visits annually, reflecting the vital role emergency services play in protecting public health and responding to urgent medical needs.

AB 1607 also supports the broader emergency medical infrastructure coordinated through Alameda County Health's EMS Agency, including ambulance transport systems, trauma system planning, specialty emergency care networks, stroke and cardiac receiving centers, and behavioral health emergency response services. Programs such as John George Psychiatric Hospital's Psychiatric Emergency Services and regional pediatric emergency care providers depend on a stable emergency care network to coordinate treatment, patient transfers, staffing, and emergency readiness.

7. Argument in Opposition

The Ella Baker Center for Human Rights writes:

If passed, AB 1607 would authorize county boards of supervisors to assess an additional 20% penalty to all criminal legal system fines and fees to fund emergency medical services until January 1, 2037. While EBC wholeheartedly supports the accessibility of emergency medical services, we oppose AB 1607 because the EMS Fund fee is an ineffective and regressive revenue source for these essential medical services, especially in light of the California Supreme Court's recent holding in *People v. Kopp*. *Kopp*—which held that fees assessed to individuals must consider those individuals' ability to pay such fees—will drastically reduce any revenue previously generated from the EMS Fund fee and will necessitate additional funding for emergency medical services if such services are to operate at current capacity.

California's persistent poverty crisis and the *People v. Kopp* decision will make EMS Fund collections increasingly unstable. Although the EMS Fund fee is discretionary, virtually all counties throughout California assess this tax. Research demonstrates that criminal fees cause lasting financial and emotional harm to system-impacted people and their families, often forcing families to choose between putting food on the table and paying their debt. This impossible choice has become the reality for an increasing number of low-income individuals as poverty rates in California have soared past pre-pandemic rates. Moreover, because of *Kopp*, the California Supreme Court ruled that courts must consider individuals' ability to pay fees like the EMS Fund fee. As approximately 80% of criminal defendants in California are indigent, forcing California courts to consider an individual's ability to pay such fees will necessarily decrease the amount of fees assessed, resulting in significantly less overall revenue available to counties that operate an EMS Fund. Given the reality of California's affordability crisis and post-*Kopp* collections, the legislature must transition emergency medical services to more stable sources of funding that do not severely burden the very low-income Californians who are most in need of such essential services.