

Bringing Healthcare Back to the Ridge

Options for Healthcare on the Ridge, from Easiest to Hardest · Community Meeting, October 9, 2026

Some of these can start now, some need a change in state law, and some are long-term. Getting care back to the Ridge means working on all of them at once.

EASIEST · Months, little new money, mostly coordination

1. Community CPR, AED, and Stop the Bleed training

Free or low-cost classes so more residents can act in the first minutes of an emergency, when help is about 30 minutes from a hospital. Pair with more AEDs (heart defibrillators) in public places and a map of where they are.

Who: Fire agencies, EMS, American Red Cross or American Heart Association instructors, churches, schools, local groups

2. Better rides to care in Chico

Bus routes timed to medical appointments, and making sure residents know Medi-Cal covers free rides to medical appointments.

Who: Town of Paradise, Butte Regional Transit, Medi-Cal health plans

3. Telehealth and mobile clinics

Regular mobile clinic days on the Ridge for primary care, specialty visits by video, vaccines, WIC, and behavioral health.

Who: Regional health systems, Butte County Public Health

4. Specialty clinic days in existing buildings

Visiting specialists, imaging, infusion, or dialysis a few days a week, using vacant medical and office buildings already on the Ridge. A strong first step for maternity care: **prenatal and postpartum visits on the Ridge**, since Paradise has one of the highest and fastest-rising birth rates in Butte County.

Who: Regional health systems and clinics, with Town incentives such as faster permits and reduced fees

MODERATE · 1 to 3 years, needs a partner or funding

5. Lab draw station and health kiosk

A place on the Ridge to get blood drawn and basic tests done, and a health kiosk for telehealth visits and checks like blood pressure, so residents don't have to drive to Chico for routine lab work.

Who: Regional health systems, lab companies, clinics

6. Longer hours at Rapid Care, then 24/7 urgent care with lab and imaging

Adventist Health has told the Town it plans a full-service 24/7 rapid care center. Urgent care treats breaks, cuts, and minor emergencies; serious trauma still goes to a trauma center. Under current state law, ambulances can't bring patients to urgent care, so it would serve walk-in patients.

Who: Adventist Health, with community support for staffing, housing, and recruitment

7. More ambulance coverage, especially overnight

Ambulance coverage on the Ridge is reduced overnight, and transports to Chico take about 30 minutes. Options include funding additional hours with the current ambulance provider, paramedic-staffed fire engines so advanced care arrives sooner, and a local funding source such as a County Service Area (like Gridley and Biggs) or a dedicated local tax. The Town's plan estimated about \$330,000 a year for added overnight coverage.

Who: Butte County, the local EMS agency, fire agencies, and voters

8. More primary care, with better reimbursement

Bring in additional primary care providers, including federally qualified health centers, and pursue Rural Health Clinic status where eligible. Both receive better Medicare and Medi-Cal payments, which helps keep clinics open and staffed.

Who: Clinics and health centers, Town, County

9. Healthcare workforce

Housing assistance, student loan repayment, and partnerships with local nursing and medical training programs to bring nurses, doctors, and staff to the Ridge.

Who: Town, County, colleges, health systems

HARD · Requires changes in state law

10. Let ambulances take low-urgency patients to a clinic or urgent care

State law currently allows ambulances to take patients only to a hospital, a mental health facility, or a sobering center. Changing this would let some 911 patients be treated closer to home. A statewide effort to update these rules is expected in 2027.

Who: State Legislature, EMS agencies, community support

11. Extend and fix the Paradise emergency stabilization permit (H&S Code §1251.6)

After the Camp Fire, state law created a special permit for emergency stabilization services in Paradise. The state never created the process to use it, no site has opened, and it expires **January 1, 2028**. A similar bill for Patterson was vetoed in September 2026, so extending it will take a strong case: extend the deadline, make the permit usable, open it to any qualified hospital, and address patient-safety concerns.

Who: State Legislature, Governor, state Department of Public Health, a hospital partner

12. Recognize the Ridge as rural

For Medicare, the Ridge counts as part of the Chico metro area, which shuts it out of most rural hospital payment programs. A state rural designation, or an official review of distance rules for Critical Access Hospitals, could open better payment options for a future facility.

Who: State Legislature, State Office of Rural Health

13. A licensed birth center, backed by emergency care

A midwife-led center for low-risk births, with a transfer agreement with a hospital. It could be planned alongside an emergency stabilization site and dedicated ambulance coverage, but it cannot perform C-sections or handle serious complications, so travel time to a hospital remains a real safety question. Whether any former Feather River space could be reused is a question for Adventist Health, which owns the campus.

Who: Health systems, midwives, EMS, state licensing

HARDEST · 5+ years, major investment

14. A Ridge healthcare district

A voter-approved district with a locally elected board and a local tax. It could fund clinics and ambulance service, not only a hospital. The Town's Healthcare Recovery Plan recommends beginning to plan for one now.

Who: Residents and voters, Butte County LAFCo, Town, County

15. A small hospital with an ER and labor and delivery, like Feather River's Birth Day Place

Birth Day Place was safe because it was inside a full hospital, with operating rooms for C-sections, anesthesia, and newborn care. This is the only option that fully combines birthing and emergency care. Realistic only with significant population growth, rural payment status, and a healthcare district or major partner. California hospital construction costs an estimated \$8 to \$10 million per bed.

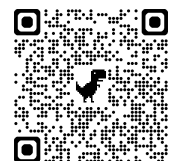
Who: A hospital partner or healthcare district

How You Can Help

- **Join a working group:** Legislative & Letters, Hospital & Provider Outreach, Community Stories, Data & Research, Ridge-Wide Outreach, Communications, Phone & Email Team, or Meeting Logistics.
- **Share your healthcare story.** Stories are shared only with your permission.
- **Come to the next meeting:** _____



**Share your
story**



Volunteer

Sources: Town of Paradise Strategic Healthcare Recovery Plan (The Abaris Group, accepted March 10, 2026); California Health & Safety Code §1251.6; Governor's AB 2282 veto message (Sept. 27, 2026); California EMS regulations (Title 22, §100115.01); CMS Critical Access Hospital rules.