



LAWSUIT SUMMARY

What is this legal action about?

The endoscopy scopes at Fresno Community Regional Medical Center are obsolete, and some do not function at all. Staff have been told “there is no money” to replace scopes, or to buy newer technology.

In contrast, Clovis Community Medical Center is about to open a new Endoscopy Center fully equipped with the latest state-of-the-art equipment. One health care system—Community Health System (CHS)—owns and operates both hospitals.

Since 2009, CHS has directed hundreds of millions in public funding to construct and equip lavish new buildings at Clovis CMC, to create a new healthcare provider network with locations almost entirely in wealthy suburbs in North Fresno and Clovis, and to relocate specialty services to the Clovis CMC campus, which serves few low-income and Medi-Cal patients. During the same time, CHS has spent a small fraction of this amount on Fresno CRMC—a high-volume Level 1 Trauma Center hospital affiliated with world-ranked University of California San Francisco.

Neglect of Fresno CRMC has disproportionately affected Black, Latino, and immigrant communities who depend heavily on the downtown hospital for healthcare. CHS’s spending choices widen the gap in access to quality medical services and create a two-tier health care system segregated geographically and by income, race, and ethnicity, worsening the health of our most vulnerable patients.

CHS’s decisions are made behind closed doors by a developer-driven board, prioritizing private interests over public good, without accountability or oversight. The challenged spending violates the laws that require Medi-Cal funding be spent to improve care for Medi-Cal and uninsured patients, and to provide health care without discrimination or segregation based on economic disability—not for fancy new buildings in Clovis designed like a high-end hotel, with a million-dollar chandelier in the reception area.

This lawsuit is a last resort. For over a year, our legal representatives repeatedly asked that CHS explain to the public how it has spent public dollars—only to be stonewalled. Unfortunately, it takes legal action to compel transparency and accountability.



What do we want?

Petitioners Cultiva La Salud and Fresno Building Healthy Communities bring this action to correct CHS's discriminatory allocation of over \$1 billion dollars to Clovis CMC and new provider network, and to require CHS to invest in Fresno CRMC. AS CHS poured resources into their Clovis campus, they were aware Fresno CRMC required critical upgrades due to antiquated facilities, outdated and malfunctioning equipment, insufficient operating rooms, an overwhelmed Emergency Department, and chronic understaffing.

CHS understood the concentrated poverty, community disinvestment, and health challenges that have long characterized the neighborhoods with high concentrations of Black and Latino residents that primarily rely on Fresno CRMC. Nevertheless, when making the crucial decisions about where to prioritize investment of limited resources, CHS has consistently chosen to invest in Clovis CMC, rather than to protect and build up Fresno's safety net hospital.

Cultiva and Fresno BHC assert that CHS is violating Medi-Cal funding laws, and seek:

- **A judicial declaration that the law requires public funds intended to serve low-income patients: (1) be used to expand services to Fresno CRMC low-income patients, and (2) not be used to replace (or supplant) other funding.**
- **An order requiring CHS to:**
 - ensure that all Supplemental Medi-Cal funds are treated as restricted and spent as required by law, and
 - track, by hospital, and annually report to the California Department of Health Care Access and Information (HCAI): (1) receipt of all Supplemental Medi-Cal funding, by funding category, and (2) all expenditures of such funding, by Cost Center.

Cultiva and Fresno BHC assert that CHS's spending violates state civil rights laws, and seek:

- **A judicial declaration that CHS's spending decisions have created a disparate adverse impact on health care access and quality for Fresno CRMC's Black and Latino patients, in violation of Government Code § 11135.**
- **An order requiring that CHS cease the following unlawful practices:**
 - Expending public and corporate funds in a manner that creates a disparate adverse impact on current and future Fresno CRMC Black and Latino patients;
 - Failing to ensure that the hospital facilities, operating rooms, and outpatient facilities that serve Fresno CRMC Black and Latino patients are as safe, as modern, and as fully- and well-equipped and staffed as Clovis CMC;
 - Locating and concentrating clinics, provider offices, and specialty practices in highly-resourced neighborhoods, leaving relatively low-income neighborhoods with inferior access and services;
 - Failing to provide equal access to emergency services, hospital services, specialty and post-operative care, and provider networks, for residents in those zip codes heavily dependent on Fresno CRMC;

- Failing to fill gaps to ensure the provision of services and supports for Fresno CRMC Black and Latino patients are equivalent to those provided to Clovis CMC patient populations, including allocating community benefit and other funding to address unmet patient needs in the zip codes from which Fresno CRMC Black and Latino patients are most likely to come.

- **For an order requiring that CHS take affirmative steps to meet its legal obligation to provide full and equal access to healthcare services in a non-discriminatory manner, and to develop necessary measures to regularly monitor and publicly report outcomes; specifically, to require CHS to:**

- Provide a detailed plan and timeline, enforceable by Petitioners, to upgrade the facilities, equipment, technology, and staffing at Fresno CRMC to a quality equivalent to Clovis CMC, and at a proportional capacity based on patient acuity and patient volumes,

- Make capital improvements at Fresno CRMC, adequate to modernize its aging physical plant, to alleviate access, quality, and patient flow concerns, and to bring the hospital into compliance with 2030 seismic safety requirements.

- Maintain adequate staffing, including on-site and on-call specialists, at Fresno CRMC to efficiently handle its higher-acuity patient load, and to ensure at least equal access to timely care and quality care as at Clovis CMC

- Post Emergency Department median wait times for each hospital on the opening web page at <https://www.communitymedical.org/>, on an hourly basis, and make a quarterly summary available to the public. Emergency Department wait times are defined as: (1) Time to Triage; (2) Time to Admit Decision; (3) Time to Discharge from the Emergency Department; and (4) Emergency Department Length of Stay for Admitted Patients.

- Implement best practices at Fresno CRMC to ensure that each of the identified wait times are equal to or less than the same wait time measure at Clovis CMC.
- Provide in the Emergency Department at Fresno CRMC space adequate (in equal measure to Clovis CMC Emergency Department) to make sure at least one family member or friend can provide support for any patient who is severely ill, elderly, disabled, or who struggles with language or cultural barriers, or mental health or cognitive impairments.
- Provide treatment in an environment equally private and free from safety concerns as Clovis CMC.

- Publish on the CHS website an annual (or more frequent) evaluation of each hospital's Language Access Plan and utilization rates, to make sure in-person communication in the patient's own language is equally available at Fresno CRMC and Clovis CMC.

- Provide full and equal access to Clovis CMC and CHP provider offices on the outer edge of the Fresno-Clovis metropolitan area for Fresno CRMC Black and Latino patients, including subsidized ride-hailing transportation so access to care is not de facto conditioned on having access to private automobile transportation.