SENATE COMMITTEE ON HEALTH
Senator Akilah Weber Pierson, Chair

BILL NO: AB 2405
AUTHOR: Gipson
VERSION: May 18, 2026
HEARING DATE: June 24, 2026
CONSULTANT: Vincent D. Marchand

SUBJECT: Emergency Medical Services Act

SUMMARY: Requires any transport by law enforcement to an emergency department for any reason to be to the nearest appropriate emergency department, with certain exceptions, including during local emergencies or when transporting a patient with trauma or certain other conditions. Requires law enforcement agencies to report all transports to the Emergency Medical Services Authority (EMSA), and permits EMSA to enforce the requirements of this bill, including imposing civil penalties of up to $25,0000 for a pattern of violation.

Existing law:

1) Establishes the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (EMS Act) to provide for a statewide system for emergency medical services (EMS), and establishes the Emergency Medical Services Authority (EMSA), which is responsible for the coordination and integration of all state activities concerning EMS, including the establishment of minimum standards, policies, and procedures. [HSC §1797, et seq.]

2) Authorizes counties to develop an EMS program and designate a local EMS agency (LEMSA) responsible for planning and implementing an EMS system, which includes day-to-day EMS system operations. [HSC §1797.200, et seq.]

3) Requires the rules and regulations of EMSA to include a requirement that a LEMSA local plan require, in providing emergency medical transportation to any patient, the patient be transported to the closest appropriate medical facility, if the emergency health care needs of the patient dictate this course of action. [HSC §1797.114]

4) Defines "Emergency Medical Technician-I" or "EMT-I" as an individual trained in all facets of basic life support, as specified. Defines an "Emergency Medical Technician-II," "EMT-II," "Advanced Emergency Medical Technician," or "Advanced EMT" as an EMT-I with additional training in limited advanced life support according to specified standards. Both EMT-Is and Advanced EMTs are certified at the local level. [HSC §1797.80 and §1797.82]

5) Defines "Emergency Medical Technician-Paramedic," "EMT-P," "paramedic" or "mobile intensive care paramedic" as an individual whose scope of practice includes the ability to provide advanced life support, as specified, including administering specified medications. EMT-Ps are licensed and regulated at the state level through EMSA. [HSC §1797.84]

6) Permits EMSA to develop, or prescribe standards for and approve, an EMT training program for the California Highway Patrol, Department of Forestry and Fire Protection, the California Fire Fighter Joint Apprenticeship Committee, and other public safety agency personnel, upon the request of the director for the particular agency. [HSC §1797.109]

7) Requires all peace officers, except those whose duties are primarily clerical or administrative, to be trained to administer first aid and cardiopulmonary resuscitation (CPR). Requires the training to meet standards prescribed by EMSA, in consultation with the Commission on Peace Officers Standards and Training. [HSC §1797.183]

8) Establishes the Warren-911-Emergency Assistance Act, which requires every public agency to have in operation a telephone service, which automatically connects a person dialing the digits "911" to an established public safety answering point. Defines "public agency" to include the state, any city or county, or any public district that provides or has authority to provide firefighting, police, ambulance, or other emergency services. Prohibits these provisions of law from prohibiting or discouraging the formation of multijurisdictional or regional systems. [GOV §53100, et seq.]

9) Establishes the Lanterman-Petris-Short (LPS) Act to end the inappropriate, indefinite, and involuntary commitment of persons with mental health disorders, developmental disabilities, and chronic alcoholism, as well as to safeguard a person's rights, provide prompt evaluation and treatment, and provide services in the least restrictive setting appropriate to the needs of each person. Permits involuntary detention of a person deemed to be a danger to self or others, or "gravely disabled," as defined, for periods of up to 72 hours for evaluation and treatment, or for up-to 14 days and up-to 30 days for additional intensive treatment in county-designated facilities. [WIC §5000, et seq.]

10) Establishes the Lanterman-Petris-Short Act (LPS Act), which among other provisions, permits a peace officer, and certain other persons designed by a county, when a person is a danger to themselves or others, or is gravely disabled, to take the person into custody for a period of up to 72 hours in a facility designed by the county for evaluation and treatment approved by the Department of Health Care Services. [WIC §5000 et seq., §5150]

11) Defines a "designated facility" or "facility designated by the county for evaluation and treatment," for purposes of the LPS Act, as a facility that is licensed or certified as a mental health treatment facility or a hospital, as specified, and includes a licensed psychiatric hospital, a licensed psychiatric health facility, and a certified crisis stabilization unit. [WIC §5008]

This bill:

1) Requires any transport by law enforcement to an emergency department for any reason to be to the nearest appropriate emergency department, pursuant to Existing Law 3) above. Defines "nearest appropriate emergency department" as the licensed general acute care hospital emergency department that is closest, geographically or by time, to where the peace officer first assumed custody of the individual for purposes of transport.

2) Specifies that the requirement in 1) above does not apply in any of the following circumstances:
   a) During the exigent circumstances of a mass casualty incident or a declared local emergency, as specified;
   b) When transporting a patient with trauma, ST-elevation myocardial infarction (STEMI), stroke, or other conditions subject to established state or local specialty destination protocols, if those protocols apply to transportation conducted by law enforcement; and,
   c) When a receiving hospital has formally declared diversion or is otherwise unavailable to receive patients, and that status is affirmatively communicated to the transporting law

enforcement officer by a public safety answering point, EMS provider, or hospital during the time of transport, in which case the individual is required to be transported to the next nearest appropriate emergency department consistent with LEMSA policies.

3) Specifies that this bill does not limit 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 contract psychiatric emergency facilities. However, in cases where the alternative destination site is unable to accept the individual and the emergency department becomes the chose destination, requires the individual to be transported to the nearest appropriate emergency department to where the peace officer first assumed custody of the individual for purpose of transport.

4) Specifies that this bill does not limit the authority of LEMSAs to establish destination policies, nor does it require a peace officer to independently determine the hospital's diversion status.

5) Requires each law enforcement agency, defined to include police and sheriff's departments, and any other public agency that employes peace officers, as defined in existing law, to report quarterly to EMSA on all transports pursuant to this bill. Requires the reported data to include, but is not limited to, all of the following:
   a) Original location of the transported individual;
   b) Destination facility and the data 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;

6) Requires EMSA to publish annual aggregate reports on its internet website.

7) Requires EMSA to have regulatory oversight authority to implement and ensure compliance with this bill, and permits EMSA to conduct audits, require corrective action plans, and impose administrative civil penalties of up to $25,000 per pattern of violation, as defined by regulation.

8) Makes legislative findings and declarations, including that currently, EMS personnel are required to transport patients to the nearest appropriate receiving facility, however, law enforcement agencies also frequently transport individuals who are determined to have a behavioral health need but are not subject to uniform statewide destination standards. Finds and declares that inconsistent transport practices may result in unsafe delays in care, overcrowding of safety-net hospitals, and inequitable distribution of emergency department utilization. States the intent of the Legislature to align law enforcement medical transport practices with established EMS destination principles and ensure accountability.

FISCAL EFFECT: 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).

PRIOR VOTES:

Assembly Floor:	47 - 18
Assembly Appropriations Committee:	11 - 3
Assembly Public Safety Committee	7 - 0
Assembly Emergency Management Committee:	5 - 1

COMMENTS:

1) *Author's statement.* According to the author, this bill 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.

2) *Background provided by author.* The author states that inconsistent law enforcement transport practices contribute to overcrowding, delays in care, and inequitable distribution of patients across hospital emergency departments, particularly burdening safety-net facilities who have scare resources. The author points to an analysis of MLK Community Hospital (MLKCH) data that shows a total of 1,160 law enforcement drop-offs in 2025, or approximately 100 per month. MLKCH is located in South Los Angeles, yet these drop-offs include individuals in police custody from as far as El Segundo, Santa Monica, and Rolling Hills Estates. Given the recent passage of SB 43 (Eggman, Chapter 637, Statutes of 2023), the state's legal definition of "gravely disabled" expanded for the first-time in more than 50 years and now includes individuals unable to provide for their own personal safety and necessary medical care or experiencing severe substance use disorders as qualifying criteria for involuntary holds. This expansion has the ability to significantly increase the volume of law enforcement agency drop-offs to emergency departments. Safety-net emergency departments like MLKCH are under extreme fiscal pressure currently, and the equitable distribution of patients is an important matter for the sustainability of the hospital and the care provided to the surrounding community. The author also points out that by requiring transport to the nearest appropriate emergency department, this bill would reduce the cases in which patients are transported away from their community and making it more challenging for them and their families.

3) *LPS Act involuntary detentions and designated facilities.* The LPS Act provides for involuntary detentions for varying lengths of time for the purpose of evaluation and treatment, provided certain requirements are met, such as that an individual is taken to a

county-designated facility. Typically, one first interacts with the LPS Act through a 5150 hold initiated by a peace officer or other person authorized by a county, who must determine and document that the individual meets the standard for a 5150 hold. A county-designated facility is authorized to then involuntarily detain an individual for up to 72 hours for evaluation and treatment if they are determined to be, as a result of a mental health (MH) disorder, a danger to self or others, or gravely disabled. The professional person in charge of the county-designated facility is required to assess an individual to determine the appropriateness of the involuntary detention prior to admitting the individual.

4) *Double referral.* This bill is double referred. Should it pass out of this Committee, it will be referred to the Senate Public Safety Committee.

5) *Related legislation.* AB 2041 (Carrillo) would require a public safety agency that provides 911 call processing services for emergency medical response, but was not providing prearrival instructions to 911 callers requiring medical assistance before January 1, 2026, to report to their LEMSA, by January 31, 2027, on the status of their compliance with the requirement to provide prearrival instructions. *AB 2041 pass this Committee by a vote of 10-0 on June 10, 2026.*

6) *Prior legislation.* AB 645 (Carrillo, Chapter 273, Statutes of 2025) requires a public safety agency that processes 911 calls for emergency medical response, commencing January 1, 2027, to provide pre-arrival medical instructions to 911 callers requiring medical assistance, including airway and choking instructions, automatic external defibrillator and CPR instructions, childbirth, bleeding control and hemorrhage, administration of epinephrine auto-injectors, and administration of naloxone for suspected overdoses. Requires pre-arrival medical instructions to be approved by the medical director of the local emergency medical services agency.

   SB 43 (Eggman, Chapter 637, Statutes of 2023) expands the definition of "gravely disabled," for purposes of involuntarily detaining an individual, to include the inability to provide for personal safety or necessary medical care due to a severe substance use disorder (SUD), or a co-occurring MH disorder and a severe SUD, or chronic alcoholism.

   SB 438 (Hertzberg, Chapter 389, Statutes of 2019), among other provisions, prohibits a public agency from delegating, assigning, or entering into a contract for 911 call process services regarding the dispatch of emergency medical response resources unless it is with another public agency, with certain exceptions, including allowing contracts in existence at the time to be renewed if public agencies do not object.

7) *Support.* MLKCH states that hospitals routinely receive individuals transported by local law enforcement agencies from far outside their service area, despite the presence of closer, capable emergency departments. This practice worsens overcrowding and creates dangerous delays in care in already overburdened safety-net hospitals. Unlike EMS providers, 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, which results in inconsistent and inequitable practices across jurisdictions. This bill seeks to remedy this problem by requiring law enforcement officers to take individuals to the nearest available emergency department, which would promote equity and reduce unsafe delays in care across all jurisdictions. The California Hospital Association,

as well as the American Civil Liberties Union California Action, both support this bill, making similar arguments.

8) *Opposition.* The California Professional Firefighters (CPF) states in opposition that the EMS Act set up a structure for operation of the EMS system in California, and that despite its flaws, currently provides a framework for regulation and oversight of the EMS system that has multiple public and private system providers overseen by both state and local agencies. This bill would upset that system by adding the concept of law enforcement transport in the EMS Act without consideration for the highly skilled and trained EMTs, Paramedics, and others who are currently operating to provide emergency medical services. CPF states that this proposal is a result of law enforcement transport of individuals on behavioral health holds in LA County, and that behavioral health holds fall under the LPS Act. Adding to the EMS Act in this manner creates ambiguity on who delivers emergency medical services under various circumstances and who would make significant health related determinations regarding transport. For example, if a patient is exhibiting stroke symptoms, they receive advance life support services of a paramedic who follows specific protocols to determine if a patient should go to a stroke center. Transport of patients with complex medical conditions should not be subject to statutory vagueness, and recommends that this issue be addressed through collaboration by stakeholders in Los Angeles.

   The California Police Chiefs Association argues in opposition that the exigent circumstances exception in the bill is too limited, and does not adequately account for the wide range of emergencies that law enforcement encounters, particularly in behavioral health crises. Officers frequently transport individuals experiencing acute mental health episodes, substance-induced psychosis, or violent behavior, and in such cases, officer safety, hospital security capabilities, and prior coordination with specific facilities are critical considerations that go well beyond geographic proximity. Additionally, the California Police Chiefs Association asserts this bill raises serious concerns regarding the expansion of authority and oversight by EMSA, which represents a significant and unprecedented shift in authority over law enforcement operations, placing medical regulatory entities in a position to second-guess decisions made by officers in dynamic and often dangerous situations. The California State Sheriffs' Association makes similar arguments in opposition. The Shasta County Board of Supervisors opposes this bill, stating that this bill supersedes or duplicates existing processes by imposing a statewide standard without fully accounting for regional infrastructure differences, hospital availability patterns, or existing collaborative frameworks between law enforcement and EMS providers. Additionally, Shasta County argues that granting EMSA the power to conduct audits, mandate corrective action plans, and impose civil penalties of up to $25,000 creates a punitive environment rather than a collaborative one.

9) *Policy comment.* One of the arguments for this bill is that it **is "**aligning law enforcement transport practices with established EMS standards." However, the corresponding EMS Act provisions requiring transport to the nearest appropriate emergency room are in the context of a regulated emergency medical dispatch, response, and transport framework involving licensed or certified emergency medical response personnel, with local control by LEMSAs providing direction on where medical transports are to take patients with emergency medical conditions. While police can and do take people to the emergency department, this form of transport is not part of the established emergency medical response framework. When detaining people with mental health conditions under the LPS Act, however, law enforcement is required to take people to a designated facility for assessment and evaluation, which in many cases is a hospital emergency department. There is no explicit requirement

that these individuals are taken to the closest designated facility. If the problem being addressed by this bill are the involuntary holds that are being taken to hospitals outside of the service area where the person was taken into custody, one possible solution would be to amend the LPS Act to require law enforcement to take involuntary holds to the nearest designated facility.

SUPPORT AND OPPOSITION:

Support: American Civil Liberties Union California Action
California Hospital Association
MLK Community Healthcare

Oppose: California Police Chiefs Association
California Professional Firefighters
California State Sheriffs' Association
County of Shasta
League of California Cities

-- END --