THIRD READING

Bill No: AB 2405
Author: Gipson (D)
Amended: 8/13/26 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 9-0, 6/24/26
AYES: Weber Pierson, Caballero, Durazo, Gonzalez, Menjivar, Padilla, Pérez, Rubio, Smallwood-Cuevas
NO VOTE RECORDED: Valladares, Grove

SENATE PUBLIC SAFETY COMMITTEE: 5-1, 6/30/26
AYES: Arreguín, Caballero, Cortese, Pérez, Wiener
NOES: Seyarto

SENATE APPROPRIATIONS COMMITTEE: 5-2, 8/13/26
AYES: Cervantes, Cabaldon, Grayson, Richardson, Wahab
NOES: Seyarto, Dahle

ASSEMBLY FLOOR: 47-18, 5/27/26 - See last page for vote

SUBJECT: Mental health

SOURCE: Author

DIGEST: This bill requires a peace officer who is transporting a person who is a danger to themselves or others to a designated facility for evaluation and treatment, to transport the person to the closest appropriate designated facility, geographically or by time, from where the peace officer took the person into custody.

ANALYSIS:

Existing law:

1) 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. [Welfare and Institutions Code (WIC) §5000 et seq., §5150]

2) 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]

3) 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. [Health and Safety Code (HSC) §1797, et seq.]

4) 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.]

5) 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]

6) 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 this training to meet standards prescribed by EMSA, in consultation with the Commission on Peace Officers Standards and Training. [HSC §1797.183]

This bill:

1) Requires a peace officer who is transporting a person to a designated facility for assessment pursuant to a provision of law allowing a person who is a danger to themselves or others to be taken into custody for up to 72 hours for evaluation and treatment, to transport the person to the closest appropriate designated

facility, geographically or by time, from where the peace officer took the person into custody.

2) Requires, if an emergency department is the most appropriate destination, the person to be transported to the closest appropriate emergency department, geographically or by time, from where the peace officer took the person into custody.

3) Permits a person being transported by a peace officer to a designated facility to affirmatively express their preference to the peace officer regarding the facility that they would prefer the peace officer to take them, and permits the peace officer to consider a person's preference, but prohibits transport from unreasonably delaying care or excessively deviating from the closest appropriate destination.

4) Prohibits the provisions of this bill from preventing a peace officer from following written local behavioral health diversion, transportation, and destination policies or agreements.

5) Specifies that the provisions of this bill do not apply to either the Department of Corrections and Rehabilitation, or the California Correctional Health Care Services.

Comments

According to the author of this bill:

> 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.

Background

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.

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.

Related/Prior Legislation

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.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Senate Appropriations Committee, costs to local law enforcement agencies would be potentially reimbursable by the state, subject to a determination by the Commission on State Mandates.

SUPPORT: (Verified 8/14/26)

American Civil Liberties Union California Action
California Hospital Association
MLK Community Hospital

OPPOSITION: (Verified 8/14/26)

California Police Chiefs Association
California State Sheriffs' Association
County of Shasta
Disability Rights California
National Association of EMS Physicians

ARGUMENTS IN 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.

ARGUMENTS IN OPPOSITION: The California Police Chiefs Association argues in opposition that 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. 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. The National Association of EMS Physicians states in opposition that this bill is based on anecdote and not data, and is concerned that law enforcement will not follow the requirements of this bill and instead just call EMS to respond to cases that are currently transported safely and

effectively by law enforcement to emergency departments and psychiatric urgent care systems.

Oppose unless amended. Disability Rights California (DRC) is opposed to this bill unless amended, due to concerns that the provision that allows people being transported to express a preference to where they are taken is drafted in such a way that it might not meet the objective. DRC states that that the terms "unreasonably delay care" and "excessively deviate" are too vague and that officers may fear liability risk for considering patent preference at all, leaving this provision unused. Additionally, DRC is concerned that individuals on 5150 holds are too often taken to emergency departments rather than designated facilities, and that because this bill asks officers to determine whether an emergency department is the "appropriate" destination, which is a clinical judgment. DRC is suggesting that bill instead allow for transport to emergency departments when "necessary" rather than when "appropriate."

ASSEMBLY FLOOR: 47-18, 5/27/26
AYES: Addis, Aguiar-Curry, Ahrens, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Connolly, Elhawary, Fong, Gipson, Mark González, Haney, Harabedian, Hart, Jackson, Kalra, Lee, Lowenthal, McKinnor, Nguyen, Ortega, Pacheco, Papan, Patel, Pellerin, Quirk-Silva, Ransom, Rogers, Blanca Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Wicks, Zbur, Rivas
NOES: Alanis, Castillo, Davies, DeMaio, Dixon, Ellis, Flora, Gallagher, Jeff Gonzalez, Hadwick, Hoover, Johnson, Macedo, Patterson, Sanchez, Ta, Tangipa, Wallis
NO VOTE RECORDED: Bennett, Chen, Gabriel, Garcia, Irwin, Krell, Lackey, Muratsuchi, Petrie-Norris, Ramos, Celeste Rodriguez, Michelle Rodriguez, Valencia, Ward, Wilson

Prepared by: Vincent D. Marchand / HEALTH / (916) 651-4111
8/17/26 10:03:11

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