

SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2025-2026 Regular Session

AB 416 (Krell)
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Fiscal: No
Urgency: No
AWM

SUBJECT

Involuntary commitment

DIGEST

This bill requires a county behavioral health director (CBHD) to include emergency physician as a category of professional eligible to be designated by the county when it develops procedures for designating and training professionals to initiate involuntary detentions under the Lanterman-Petris-Short (LPS) Act.

EXECUTIVE SUMMARY

The LPS Act authorizes a series of involuntary detentions, which may culminate in the establishment of a year-long conservatorship, for a person who is found to be “gravely disabled.” Generally, the process begins with the placement of a “5150 hold,” a 72-hour period in which a person believed to be gravely disabled is taken into custody against their will for assessment, evaluation, and crisis intervention. Current law authorizes CBHDs to develop their own processes and standards for determining who is eligible to be designated to place 5150 holds, the application and approval process for potential designees, and the training required. Current law also grants civil and criminal immunity to any person designated to place a 5150 hold for the actions of a person who is released from an LPS Act hold.

This bill requires a CBHD to include emergency physician as a category of professional eligible to be designated by the county. The bill does not affect a county’s authority to establish training, application, or approval standards or requirements on persons seeking to be designated. The bill also extends the LPS Act’s immunity provisions to designated emergency physicians. The author has agreed to amendments to clarify the scope of the bill and a county’s continuing discretion to revoke the designation of individual professionals when warranted.

This bill is sponsored by the California Chapter of the American College of Emergency Physicians and the Psychiatric Physicians Alliance of California, and is supported by Adventist Health, the Alliance of Catholic Health Care, the California Association of Psychiatric Technicians, the California Emergency Nurses Association, the California Hospital Association, the California Medical Association, the California Police Chiefs Association, California Professional Firefighters, the California State Sheriffs' Association, the City of Bakersfield, the City of San Diego, the Emergency Nurses Association, Loma Linda University Health, Saint Agnes Medical Center, and the Steinberg Institute. This bill is opposed by the California Association of Peer Run Mental Health Organizations, the California Pan-Ethnic Health Network, the California Youth Empowerment Network, the County Behavioral Health Directors Association, LGBTQ+ Inclusivity, Visibility, and Empowerment, and Mental Health of America. The Senate Health Committee passed this bill with a vote of 11-0.

PROPOSED CHANGES TO THE LAW

Existing law:

- 1) Establishes the LPS Act, which provides for the involuntary detention for treatment and evaluation of people who are gravely disabled, as defined, or are a danger to self or others. (Welf. & Inst. Code, div. 5, pt. 1, §§ 5000 et seq.)
- 2) Defines "grave disability" as follows:
 - a) A condition in which a person, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or medical care.
 - b) A condition in which a person has been found incompetent to stand trial, as provided.
 - c) A condition in which a person, as a result of impairment by chronic alcoholism, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care; except this definition does not apply in the initial 5150 hold. (Welf. & Inst. Code, § 5008(h)(1) & (2).)
- 3) Authorizes a county, by adoption of a resolution of its governing body, to elect to defer implementation of the definitions in 2)(a) and (c) until January 1, 2026, and instead use the definitions in place prior to the enactment of SB 43 (Eggman, Ch. 637, Stats. 2023), which are:
 - a) A condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for food, clothing, and shelter.
 - b) A condition in which a person, as a result of impairment by chronic alcoholism, is unable to provide for their basic personal needs for food,

clothing, or shelter; except this definition does not apply in the initial 5150 hold. (Welf. & Inst. Code, § 5008(h)(4).)

- 4) Defines the following additional relevant terms:
 - a) “Severe substance use disorder” means a diagnosed substance-related disorder that meets the diagnostic criteria of “severe” as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.
 - b) “Personal safety” means the ability of one to survive safely in the community without involuntary detention or treatment pursuant to the LPS Act.
 - c) “Necessary medical care” means medical care that a licensed health care practitioner, while operating within the scope of their practice, determines to be necessary to prevent serious deterioration of an existing physical medical condition that, if left untreated, is likely to result in serious bodily injury, as defined. (Welf. & Inst. Code, § 5008.)
- 5) Establishes a series of escalating detentions for involuntary treatment of a person who meets the criteria above, which may culminate in a renewable one-year conservatorship for a person determined to be gravely disabled. Specifically:
 - a) If a person is gravely disabled as a result of mental illness, or a danger to self or others, then a peace officer, staff of a designated treatment facility or crisis team, or other professional person designated by the county, may, upon probable cause, take that person into custody for a period of up to 72 hours for assessment, evaluation, crisis intervention, or placement in a designated treatment facility (known as a “5150 hold”). (Welf. & Inst. Code, § 5150.)
 - b) A person who has been detained for 72 hours may be further detained for up to 14 days of intensive treatment if the person continues to pose a danger to self or others, or to be gravely disabled, and the person has been unwilling or unable to accept voluntary treatment. (Welf. & Inst. Code, § 5250.)
 - c) After the 14 days, a person may be detained for an additional 30 days of intensive treatment if the person remains gravely disabled and is unwilling or unable to voluntarily accept treatment. (Welf. & Inst. Code, §§ 5260, 5270.15.)
 - d) If, after 15 days of the 30-day period of intensive treatment, but at least 7 days before the expiration of the 30 days, the professional staff find that the person remains gravely disabled and remains unwilling or unable to accept treatment voluntarily, the facility may petition the superior court for approval for up to an additional 30 days of intensive treatment. (Welf. & Inst. Code, § 5270.70.)
 - e) At any time during the holds set forth in (a)-(d), the person in charge of the facility may recommend an LPS conservatorship for the person treated, provided the person being treated remains gravely disabled and remains unwilling or unable to accept voluntary treatment. If the county conservatorship investigator concurs with the assessment, the county must petition the superior court to establish an LPS conservatorship. The county

must establish, beyond a reasonable doubt, that the person is gravely disabled. (Welf. & Inst. Code, §§ 5350 et seq.)

- 6) Requires the person designated by the county making a determination as to whether to place a person on a 5150 hold to assess the individual to determine whether they can be properly served without being detained; if they determine that detention is not necessary, the individual must be provided with evaluation, crisis intervention, or other inpatient or outpatient services on a voluntary basis; if they determine that a 5150 hold is necessary, they must complete an application setting forth specific information relating to the determination. (Welf. & Inst. Code, § 5150(c), (e).)
- 7) Provides that the facility providing treatment to an individual pursuant to an LPS Act hold, detention, or conservatorship, the superintendent of the facility, the professional person in charge of the facility or their designee, or the peace officer responsible for the detainment of the person shall not be civilly or criminally liable for any action by a person released at or before the end of the period for which they were admitted under the LPS Act. (Welf. & Inst. Code, § 5113.)
- 8) Permits a CBHD to develop procedures for the county's designation and training of professionals who will be designated to perform functions under Section 5150; the procedures may include, but are not limited to:
 - a) The license types, practice disciplines, and clinical expertise of professionals eligible to be designated by the county.
 - b) The initial and ongoing training and testing requirements for professionals eligible to be designated by the county.
 - c) The application and approval processes for professionals seeking to be designated by the county, including the timeframe for initial designation and procedures for renewal of the designation.
 - d) The county's process for monitoring and reviewing professionals designated by the county to ensure appropriate compliance with state law, regulations, and county procedures. (Welf. & Inst. Code, § 5121(a).)
- 9) Provides that a CBHD may develop a training for the procedures for designation pursuant to 8). (Welf. & Inst. Code, § 5121(b).)
- 10) Requires a CBHD who denies or revokes an individual's designation to notify the person who made the request for designation of the individual and the individual who is the subject of the request of the reasons for denial or revocation. (Welf. & Inst. Code, § 5121(c).)
- 11) Provides that designated members of a mobile crisis team and designated professional persons shall not be prohibited from transporting a person taken into custody on a 5150 hold. (Welf. & Inst. Code, § 5121(d).)

- 12) Establishes specific designation requirements for the County of Sacramento, including requiring the CBHD to designate individuals employed by the City of Sacramento who are also members of a mobile crisis team if certain conditions are met. (Welf. & Inst. Code, § 5121(e).)
- 13) Provides, subject to 14), that specified licensed hospital facilities that are not designated by the county under Section 5150, and the licensed professional staff or any physician and surgeon providing emergency medical services in any department of those hospitals is not civilly or criminally liable for detaining a person if all of the following conditions exist during the detention:
 - a) The person cannot be released from the hospital because, in the opinion of the treating physician and surgeon, or a clinical psychologist with specified privileges or professional responsibilities, the person, as a result of a mental health disorder, presents a danger to themselves or is gravely disabled.
 - b) The hospital staff, treating physician and surgeon, or appropriate licensed mental health professional have made, and documented, repeated unsuccessful efforts to find appropriate mental health treatment for the person, including beginning making telephone calls or other contacts to commence at the earliest possible time when the professional has determined that the person will be medically stable for transfer, and no later.
 - c) The person is not detained beyond 24 hours.
 - d) There is probable cause for the detention. (Health & Saf. Code, § 1799.111(a).)
- 14) Provides that, when a person is detained pursuant to 13) beyond 8 hours, but fewer than 24 hours, both the following conditions shall be met in order to limit liability:
 - a) A discharge or transfer for appropriate evaluation or treatment for the person has been delayed because of the need for continuous and ongoing care, observation, or treatment that the hospital is providing.
 - b) In the opinion of the treating professional, the person, as a result of a mental health disorder, is still a danger to themselves, or others, or is gravely disabled. (Health & Saf. Code, § 1799.111(b).)
- 15) Provides that, in addition to the immunities set forth in 13), specified licensed hospital facilities that are not designated by the county under Section 5150, and the licensed professional staff or any physician and surgeon providing emergency medical services in any department of those hospitals, are not civilly or criminally liable for the actions of a person detained up to 24 hours in those hospitals who is subject to detention pursuant to 13) after the person's release from detention at the hospital, if the following conditions exist during the detention:
 - a) The person has not been admitted to a licensed general acute care hospital or licensed acute psychiatric hospital on a 5150 hold.
 - b) The release from the hospital is authorized by a professional with specified privileges or responsibilities and who determines, based on a face-to-face examination of the person detained, that the person does not present a danger

to themselves or others and is not gravely disabled. In order for this provision to apply to a clinical psychologist, they must have a collaborative treatment relationship with the physician and surgeon and must consult with that physician and surgeon, and the physician and surgeon's determination that the person should remain detained will stand unless the hospital's medical director overrules that decision. (Health & Saf. Code, § 1799.111(c).)

- 16) Provides that a person detained under 13) shall be credited for time detained, up to 24 hours, if they are subsequently placed on a 5150 hold. (Health & Saf. Code, § 1799.111(f).)

This bill:

- 1) Defines "emergency physician" as a physician and surgeon who provides medical screening and treatment of patients in the emergency department of a general acute care hospital licensed under specified statutes.
- 2) Provides that a CBHD shall include an emergency physician as a category of professional eligible to be designated by the county when developing and implementing procedures pursuant to 8), above.
- 3) Provides that 2) does not affect the training, application, and approval process that applies to all professionals who are eligible to be designated by the county, including an emergency physician, in order to be designated by the county to perform 5150 hold functions.
- 4) Adds an emergency physician designated pursuant to 2) and responsible for the detainment of a person to the list of persons exempted from civil or criminal liability for any action of a person released at or before the end of their hold.

COMMENTS

1. Author's comment

According to the author:

This bill is intended to ensure timely delivery of vital care to patients in behavioral health crisis by authorizing and training emergency physicians to initiate 5150 holds. Under current law, dangerous delays to care ensue when emergency departments have to call in an external county-designated specialist to initiate a 5150 hold because they often do not have anyone on site authorized to do so. By allowing emergency physicians to make this sensitive decision, and receive the proper training to do so, California is ensuring behavioral health care is prioritized for vulnerable individuals that need immediate help especially at a

time when some law enforcement agencies are stepping back. Timely delivery of care is critical to ensuring the best outcomes for patients in crisis and emergency physicians are perfectly positioned to make these critical decisions.

2. The LPS Act and 5150 holds

The LPS Act authorizes a series of involuntary detentions, which may culminate in the establishment of a year-long conservatorship, for a person who is found to be “gravely disabled.”¹ Generally, the process begins with a 5150 hold, a 72-hour period in which a person believed to be gravely disabled is taken into custody against their will for assessment, evaluation, and crisis intervention.² The 5150 hold and the next two holds in the process—14 days and 30 days—may be certified by a health professional or reviewed by a hearing officer, but do not require judicial review unless the individual files a writ of habeas corpus.³ A county may, after 15 days of the initial 30-day detention, seek a court order authorizing a second 30 days; the individual must be appointed by counsel in such a proceeding.⁴ If a county proceeds with a petition to place a person into a conservatorship, the individual must also be represented, and the finder of fact must find that a person is gravely disabled beyond a reasonable doubt.⁵ Persons who are involuntarily detained or placed into a conservatorship under the LPS Act do not automatically lose their right to reject antipsychotic medication;⁶ instead, antipsychotic medication can be administered over a patient’s objection only if a court specifically finds that the individual is not competent to give informed consent.⁷

With respect to the 5150 hold, Section 5150 authorizes a limited set of persons to place an individual on a 5150 hold establishes who may place an individual on a 5150 hold: a peace officer; a professional person in charge, or a member of the attending staff, of a facility designated by the county for evaluation and treatment; a member of a mobile crisis team designated by the county; or a professional person designated by the

¹ Welf. & Inst. Code, § 5008(h). The LPS Act also authorizes detention and involuntary treatment for persons who, as a result of a mental health disorder, are a danger to themselves or others (Welf. & Inst. Code, §§ 5150, 5250); this category is not pertinent to this analysis. Until 2024, the definition of “gravely disabled” was limited to persons who were unable to provide for their basic personal needs for food, clothing, and shelter as a result of a mental health or, in the case of holds other a 5150 hold, as a result of impairment by chronic alcoholism.¹ In 2023, however, the Legislature passed, and the Governor signed, SB 43 (Eggman, Ch. 637, Stats. 2023), which expanded the definition of “gravely disabled” to include severe substance use disorders, and to include persons who, as a result of their mental health and/or severe substance use disorder, cannot provide for their basic needs for personal safety or medical care. SB 43 took effect on January 1, 2024, but gave counties the option to delay implementation of the new definition until January 1, 2026. (Welf. & Inst. Code, § 5008(h)(4).)

² Welf. & Inst. Code, § 5150.

³ *Conservatorship of Ben C.* (2007) 40 Cal.4th 529, 541.

⁴ Welf. & Inst. Code, § 5270.70.

⁵ *Ben C.*, *supra*, 40 Cal.4th at p. 541.

⁶ Welf. & Inst. Code, §§ 5325.2, 5357.

⁷ *Riese v. St. Mary's Hospital & Medical Center* (1987) 209 Cal.App.3d 1303, 1320-1322.

county.⁸ The person must have probable cause to believe that the individual meets the criteria for the 5150 hold.⁹ Persons qualified to place, and detain an individual pursuant to, a 5150 hold are granted immunity from liability from any acts the individual commits if they are released before the maximum hold time.¹⁰

3. Background on county-designated facilities

A person detained under a 5150 hold must be detained in a facility designated by the county.¹¹ When a peace officer detains a person under Section 5150, they may bring the person to a county-designated facility.¹² According to stakeholders, however, many persons with mental health conditions warranting a 5150 hold end up in the emergency departments of non-designated facilities without county-designated professionals on hand. Sometimes the person is actually brought by a county worker so that the hospital can “clear” the patient – i.e., “determine whether there is any organic, physical (as opposed to mental health) basis for the acute abnormal behavior exhibited by the patient – before bringing the patient to a designated facility.¹³ In these cases, the facility then has to wait for an individual to come to the facility and determine whether the person in a 5150 hold; only after the hold is placed does the search begin for space in a county-designated facility, and the hospital is supposed to maintain custody of the patient in the meantime.¹⁴

According to the Senate Health Committee’s analysis of this bill:

Individual counties are responsible for determining whether [general acute care hospitals], psychiatric health facilities, acute psychiatric hospitals, and other licensed facilities qualify to be designated facilities for evaluating and treating individuals placed on detentions. [The Department of Health Care Services] is responsible for the approval of designated facilities as determined by the counties. Counties generally have the discretion to implement how facilities are designated, but facilities are required to uphold proper care of the patient and a patient’s civil rights throughout the process of detention. While the intent of the LPS Act is for authorized individuals to take those who have been placed on a detention to a designated facility, if one does not exist, or a person is suffering another condition that requires immediate emergency medical services, the person is typically transported to the nearest facility, which is often an [emergency department] that is a [non-designated facility (NDF)]. Pursuant to existing law, NDFs are permitted to detain an individual who meets grave disability criteria, as outlined in the LPS Act, for more than eight hours, but less

⁸ *Id.*, § 5150(a).)

⁹ *Ibid.*

¹⁰ *Id.*, § 5113.

¹¹ *Id.*, § 5151.

¹² *Id.*, § 5150.1.

¹³ *Siskiyou Hospital, Inc. v. County of Siskiyou* (2025) 109 Cal.App.5th 14, 30.

¹⁴ *Ibid.*

than 24, for evaluation and treatment, until the individual is either safely released or transferred to a designated facility. The extensive history of prior legislation that implemented the authority for hospitals that are NDFs to detain individuals under LPS-like circumstances, indicates that the Legislature contemplated in order for NDFs to be provided indemnity for detaining individuals they would attempt to transfer them to more appropriate care, unless an emergent physical situation needed to be addressed and stabilized before transfer.

According to stakeholders, there can be a significant delay between contacting the county and when they arrive at the hospital to determine whether a 5150 hold should be placed, and then between the placement of a 5150 hold and the transfer of the patient to a designated facility with the necessary services available. For example, the California Emergency Nurses Association writes:

Currently, many EDs are becoming increasingly crowded because the need for community resources and primary care provider services frequently exceeds availability. As a result, the ED is the only place for many to receive needed health care services, including individuals who are experiencing a behavioral health crisis requiring intervention for their safety. However, many hospitals do not have behavioral health services on site, nor do they have designated, trained individuals on staff 24/7, if at all. Specialized care for these patients can be delayed 12-24 hours, and sometimes days, due to extensive waiting times for appropriate county representatives to evaluate the patient. Only when the 5150 hold is written by the proper authority can the ED provider start contacting behavioral health facilities to transfer the patient for the level of care the patient requires.

4. The county professional designation process

Consistent with the LPS Act's delegation of the obligation to provide community mental health services to the counties, the LPS Act generally allows counties leeway in determining designation procedures. The Welfare and Institutions Code permits, but does not require, a CBHD to develop procedures for a county's designation of professionals to perform Section 5150 functions.¹⁵ The procedures may include:

- The license types, practice disciplines, and clinical experience of professionals eligible for designation.
- The initial and ongoing training and testing requirements for designation.
- The application and approval process, including timelines for initial designation and renewal.
- The county's oversight procedures.¹⁶

¹⁵ *Id.*, § 5121.

¹⁶ *Id.*, § 5121(a).

Designated members of a mobile crisis team, and designated professional persons, must be permitted to transport a person taken into custody under Section 5150.¹⁷

5. Immunity for short-term detentions placed by undesignated medical professionals

As alluded to in the remarks from the Senate Health Committee in Comment 3, Section 1799.111 of the Health and Safety Code (Section 1799.111) permits designated professionals providing emergency medical services at non-designated hospitals to detain a person for up to 24 hours without liability if they determine that the person cannot be safely released from the hospital because they meet the criteria for a 5150 hold.¹⁸ Section 1799.111's grant of immunity requires that the hospital staff or medical professional make documented and repeated efforts to find appropriate mental health treatment for the person, and imposes additional requirements for a detention lasting over 8 hours but under 24 hours.¹⁹ The time spent in a Section 1799.111 detention is credited toward the 72-hour maximum for a 5150 hold if the person is subsequently detained under Section 5150.²⁰

The Section 1799.111 grant of immunity allows medical professionals providing emergency services in non-designated hospitals to prevent a person from leaving the hospital before a designated person arrives at the hospital to determine whether a 5150 hold should be placed, for up to 24 hours. It is not, however, equivalent to the first 24 hours of a 5150 hold because the non-designated facility cannot provide the same kind of care as a designated facility. Additionally, Section 1799.111 does not confer a general power over the detained person, i.e., it does not permit the staff at the non-designated facility to move the detained person to a different facility; Section 1799.111 permits only holding the person at the non-designated facility.

6. This bill requires a county to include emergency room physicians as a category of professionals who can be designated to perform functions under Section 5150

This bill provides that a CBHD "shall" include an emergency physician as a professional who is eligible to be designated by the county to perform 5150 functions when the CBHD develops and implements procedures for the designation process. The bill also states that this mandate does not affect the training, application, or approval process that applies to all persons who seek to be designated, and adds designated emergency physicians to the list of persons who are immune from liability for acts committed by a person released at or before the end of an LPS Act hold.

The author has agreed to amendments to clarify the scope of this bill. First, the author has agreed to amend to make clear that the CBDA need only include emergency

¹⁷ *Id.*, § 5121(d).

¹⁸ Health & Saf. Code, § 1799.111.

¹⁹ *Id.*, § 1799.111(a), (b).

²⁰ *Id.*, § 1799.111(f).

physicians as a category of professionals who can be designated; the bill is not intended to require designation of every single emergency physician, without regard to their suitability or satisfaction of other requirements. Second, the author has agreed to amend the bill to clarify that it does not affect the county's power to revoke an emergency physician's designation – again, making clear that this bill does not give emergency physicians the right to perform 5150 functions without county oversight. The amendments are set forth in Comment 7 of this analysis, below.

Some of the organizations opposing the bill – such as a coalition of youth-, peer-, and community-based organizations – express concern that this bill will lead to more 5150 holds. Other opponents argue that this bill is unnecessary because (1) counties can already designate emergency room physicians, and (2) in counties where emergency room physicians are not designated, medical professionals and non-designated facilities already have ample work-arounds that enable them to hold patients for an extended period of time until a 5150 hold can be placed. This is not the first instance in which Committee staff have received information that medical professionals are circumventing legislative limitations on involuntary detentions under the LPS Act, ostensibly for the good of the patient, because the counties are unable to promptly respond to requests or because there is insufficient space in designated facilities.²¹ To the extent that this problem stems from a lack of available space, the shortage is likely to become more severe next year, when all counties have to implement the expanded definition of “gravely disabled” put in place by SB 43 (Eggman, Ch. 637, Stats. 2023).

On balance, it seems unlikely that this bill will result in significantly more persons being detained against their will by medical professionals, though it might result in more 5150 holds being placed. To the extent that this bill leads to the designation of more emergency physicians at non-designated facilities, this bill could result in some number of patients being moved to county-designated facilities sooner; because a non-designated facility cannot begin searching for bed space for a patient until a 5150 hold is placed, allowing emergency physicians to place a hold will allow the facility to search for space right away, rather than holding the patient while waiting for the county-designated person to arrive, and continuing to hold the patient while they search for bed space. Given the overall inadequate supply of space in county-designated facilities, however, it does not appear that this bill will meaningfully change the status quo.

With respect to the immunity provision, the bill as currently in print adds “emergency physicians” who are placing holds pursuant to Section 5150 but does not refer to all professional persons designated. To ensure that this provision remains consistent with the existing provisions relating to persons designated to be responsible for 5150 detainments, the author has agreed to amend this provision as set forth below.

²¹ See, e.g., *Siskiyou Hospital, Inc.*, *supra*, 109 Cal.App.5th at p. 30 (discussing 5150 transfer process in Siskiyou County; “some medically cleared 5150 patients have been held in Fairchild’s [non-designated] emergency department for several weeks while they await transfer to a psychiatric facility”).

7. Amendments

As noted above, the author has agreed to amend the bill to clarify the scope of the bill's requirements and the counties' rights with respect to designated professional persons. The amendments are set forth below, subject to any nonsubstantive changes the Office of Legislative Counsel may make.

Amendment 1

On page 7, in line 35, delete "emergency physician" and insert "professional person"

Amendment 2

On page 14, in line 5, delete "a professional who is" and insert "one of the practice disciplines"

Amendment 3

On page 14, in line in line 9, delete "and"

Amendment 4

On page 14, in line 9, after "approval" insert ", and revocation"

8. Arguments in support

According to the Steinberg Institute:

Currently, EPs are trained to provide emergency care to individuals experiencing medical and psychiatric emergencies. However, under the LPS Act, they lack the authority to place individuals on a 5150 hold, often resulting in extended wait times for designated personnel to arrive—delays that can last anywhere from 12 hours to multiple days. This broken process significantly hinders access to timely mental health treatment, exacerbates suffering, and leads to worse health outcomes for individuals in crisis.

AB 416 addresses this issue by allowing EPs to place 5150 holds when they determine a patient presents a danger to themselves or others. This reform will improve patient safety, reduce [emergency department] overcrowding, and expedite access to the appropriate level of behavioral health care. Emergency physicians are already entrusted with life-saving decisions across all aspects of medical care. Granting them this authority will enhance the efficiency of our crisis response system and ensure individuals in acute distress receive the care they need when they need it.

9. Arguments in opposition

According to the County Behavioral Health Directors Association:

While CBHDA appreciates the recent amendments that would have outright authorized emergency physicians to perform the functions under WIC 5150, we remain opposed to this bill as it is unclear why this bill is necessary. Counties already have the authority to designate emergency physicians to place individuals on holds – in fact – multiple counties already designate emergency physicians. When an individual presents at a general acute care hospital and requests voluntary services, there is no need to place that individual on a hold in order to fulfill the hospital emergency department’s responsibilities to stabilize, treat, and transfer the individual to the appropriate level of care. In instances where an individual’s condition changes during their voluntary admission and requires placement of an involuntary hold, emergency physicians have their own right to involuntarily detain an individual under Health and Safety Code Section 1799.111.

In addition, although they frequently encounter behavioral health crises, emergency physicians do not specialize in the evaluation and treatment of behavioral health conditions, and unfortunately hospitals rarely have on-call specialists available to assist them.

SUPPORT

California Chapter of the American College of Emergency Physicians (sponsor)

Psychiatric Physicians Alliance of California (co-sponsor)

Adventist Health

Alliance of Catholic Health Care

California Association of Psychiatric Technicians

California Emergency Nurses Association

California Hospital Association

California Medical Association

California Police Chiefs Association

California Professional Firefighters

California State Sheriffs’ Association

City of Bakersfield

City of San Diego

Emergency Nurses Association

Loma Linda University Health

Saint Agnes Medical Center

Steinberg Institute

OPPOSITION

California Association of Peer Run Mental Health Organizations

California Pan-Ethnic Health Network

California Youth Empowerment Network
County Behavioral Health Directors Association
LGBTQ+ Inclusivity, Visibility, and Empowerment
Mental Health of America

RELATED LEGISLATION

Pending legislation: SB 367 (Allen, 2025) makes a number of changes to the LPS Act, including permitting specified medical professionals not connected to a county or state facility to recommend a person for a conservatorship. SB 367 is pending before the Senate Appropriations Committee.

Prior legislation:

SB 402 (Wahab, 2023) would have authorized a licensed mental professional designated by a county to place a 5150 hold on an individual. SB 402 was subsequently amended to authorize a licensed mental health professional who is not direct staff of, or contracted by, a county to take into custody a person who, as result of a mental health disorder, is a danger to self or others, or gravely disabled, under certain conditions and expands related requirements regarding information collection and publication. SB 402 died in the Assembly Appropriations Committee.

SB 43 (Eggman, Ch. 637, Stats. 2023) among other things, expanded the definition of “gravely disabled,” for purposes of involuntarily detaining an individual under the LPS Act, to include an individual with a severe substance use disorder (SUD), or a co-occurring mental health disorder and a severe SUD, or chronic alcoholism, who is unable to provide for food, clothing, shelter, personal safety or necessary medical care.

AB 2275 (Wood, Ch. 960, Stats. 2022) among other things, specified that the 72-hour period for a 5150 hold commences at the time the person is first detained and requires a certification hearing to be held if a person is held on a 5150 hold without being certified for further intensive treatment within seven days of the additional detention.

AB 1443 (McCarty, Ch. 399, Stats. 2021) permitted any county to develop training and procedures related to taking, or causing to be taken, a person into on a 5150 hold, as specified, and required the County of Sacramento to develop a written policy for training and procedures for designating persons who are employed by the City of Sacramento and who meet specified criteria to involuntarily detain individuals.

PRIOR VOTES:

Senate Health Committee (Ayes 11, Noes 0)

Assembly Floor (Ayes 71, Noes 0)

Assembly Judiciary Committee (Ayes 12, Noes 0)

Assembly Health Committee (Ayes 15, Noes 0)
