CONCURRENCE IN SENATE AMENDMENTS
AB 416 (Krell)
As Amended July 17, 2025
Majority vote

SUMMARY

Requires counties to include emergency physicians (EP), as defined, *as one of the practice disciplines* who are eligible to be designated by the county to cause a person to be taken into custody for assessment, evaluation, and treatment for 72 hours *if the person is a danger to themselves or others, or is gravely disabled,* provided the EP completes the county's training, application, and approval process that applies to all professionals who are eligible to be designated by the county. *Adds a professional person designated by the county and responsible for the detainment of a person to existing civil and criminal liability protections for any action by a person released at or before the end of their detainment period***.**

Senate Amendments

1) Update the reference in the liability protections from ″emergency physicians″ designated by the county to ″professional person″ designated by the county.

2) Clarify that the requirement that a county include emergency physicians as one of the practice disciplines eligible to be designated by the county does not affect the designation revocation process.

COMMENTS

Lanterman-Petris-Short (LPS) Act involuntary detentions. 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 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 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. Subject to various conditions, a person who is found to be a danger to self or others, or gravely disabled, can be subsequently involuntarily detained for an initial period of intensive treatment up to 14 days, an additional period of 14 days (or up to an additional 30 days in counties that have opted to provide this additional up-to 30-day intensive treatment episode), and ultimately a conservatorship, which is typically for up to a year and may be extended as appropriate. A person can also be released prior to the end of intensive treatment if they are found to no longer meet the criteria or are prepared to accept treatment voluntarily.

Throughout this process, existing law requires specified entities to notify family members or others identified by the detained individual of various hearings, where it is determined whether a person will be further detained or released, unless the detained person requests that this information is not provided. Additionally, a person cannot be found to be gravely disabled if they can survive safely without involuntary detention with the help of responsible family, friends, or others who indicate they are both willing and able to help.

SB 929 data reporting. SB 929 (Eggman), Chapter 539, Statutes of 2022 mandates additional data collection and reporting regarding the operation of the LPS Act, including the date and time of service and release from emergency care if the source of admission is an emergency department (ED). It also requires recommendations for improving the operations of the LPS Act, an assessment of the disproportionate use of detentions and conservatorships on various groups, and, beginning with the report due May 1, 2025, the progress that has been made on implementing recommendations from prior reports.

The *second* SB 929 report was submitted to the Legislature in *July 2025* and updated the Department of Health Care Services' (DHCS) five phase approach to implementation:

1) *Phase 1: Identify Data Collection Efforts and Implementation of Population and Demographic Data Elements;*

2) *Phase 2: Implementation of Data Elements: Sequence of Holds and County Contracted Beds;*

3) *Phase 3: Implementation of Data Elements: Services Provided;*

4) *Phase 4: Implementation of Data: Clinical Outcomes, Waiting Periods, and Source of Admission (expected to be completed in 2025); and,*

5) *Phase 5: Analysis and Evaluation of all Phased Implementation Data.*

Other recent changes to the LPS Act. SB 43 (Eggman), Chapter 637, Statutes of 2023, expanded the definition of ″gravely disabled″ to also include a condition in which a person, as a result of a severe substance use disorder (SUD), or a co-occurring mental health disorder and SUD, is unable to provide for their personal safety or necessary medical care, in addition to the inability to provide for basic personal needs of food, clothing, and shelter. While most counties are deferring implementation of the expanded definition until January 1, 2026 as allowed under law, Sacramento, San Francisco, Stanislaus, San Luis Obispo, and San Diego are implementing now. SB 1238 (Eggman), Chapter 644, Statutes of 2024, expanded the definition of ″designated facility″ or ″facility designated by the county for evaluation and treatment″ to include additional settings.

County-designated facilities vs. non-designated facilities (NDFs). 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 in involuntary detentions. DHCS 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. The intent of the LPS Act is for authorized individuals to take those whom have been placed on a 5150 hold to a designated facility, but if one does not exist, or a person is suffering another condition that requires immediate emergency medical services, the person is transported to the nearest facility, which is often an ED that is in a NDF.

NDFs are permitted to involuntarily detain an individual for eight to 24 hours for evaluation and treatment if they meet the criteria under the LPS Act, until the individual is either safely released or transferred to a designated facility.

Behavioral health in EDs. The California Health Care Foundation reports that in 2021, the median length of stay in a California ED for those with psychiatric or mental health needs was more than four hours (three hours for those without mental health needs). According to the Department of Health Care Access and Information, the number of ED visits with a behavioral health diagnosis decreased by nearly 6.2 % (132,000) between 2020 and 2022 despite an overall increase in the number of ED visits. Patients with behavioral health diagnoses accounted for 1,189,129 inpatient hospitalizations and 1,989,896 ED treat and release visits, which is approximately one third of all inpatient hospitalizations and one sixth of all ED visits.

EMTALA. In 1986, Congress enacted the Emergency Medical Treatment & Labor Act (EMTALA) to ensure public access to emergency services regardless of ability to pay. Hospital EDs that receive Medicare funds (which includes most U.S. hospitals) cannot refuse to treat patients. The ED must provide an appropriate medical screening exam, treat any emergency medical condition until the patient is stable, and transfer the patient, if necessary.

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 EPs to initiate 5150 holds. The author states that under current law, dangerous delays to care ensue when EDs 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. The author argues that by allowing EPs to make this sensitive decision, and providing 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. The author concludes that timely delivery of care is critical to ensuring the best outcomes for patients in crisis and EPs are perfectly positioned to make these critical decisions.

Arguments in Support
The California Chapter of the American College of Emergency Physicians (Cal-ACEP) is sponsoring the bill and says in support that the LPS act was enacted prior to the passage of the federal EMTALA, which requires that all hospitals that receive Medicare funding accept all patients in the ED irrespective of the patient's ability to pay. Cal-ACEP states that another key EMTALA provision is the requirement that hospitals accept transfers of emergency patients who need a higher level of care and that both the guarantee of care and the guarantee of transfer to definitive care explain why so many individuals in behavioral health crisis seek care in the ED. Cal-ACEP says that many hospitals do not have LPS designated individuals on staff and if an EP believes a behavioral health patient is a danger to themselves or others, they must call the county to request a designated individual to come and place the patient on a 5150 hold. Cal-ACEP states that the wait varies by county: in some it is common for this to take 12 to 24 hours, in others two to three days, and it can be especially lengthy on nights and weekends and can take as long as five days.

The California Hospital Association (CHA) also supports this bill and states that every day, as many as one in five patients visiting California hospital EDs need treatment for behavioral health conditions. According to CHA, while California's lack of inpatient psychiatric beds is a major factor driving lengthier stays in EDs for patients awaiting crisis care, another important factor is the unavailability of county-designated professionals permitted to initiate an involuntary hold for patients who may qualify.

The California Professional Firefighters (CPF) supports this bill and says that 5150 holds allow for the patient to be stabilized if they are otherwise refusing treatment and are a critical tool to ensure that a person in crisis is not able to harm themselves or others. CPF states that due to the custodial nature of these holds, a person with the training and authority to place them may not be at the ED. CPF argues that EPs are often in the closest contact with someone experiencing a crisis and are the best suited to diagnose when a hold is needed for a patient at the ED, so this bill will help ensure that EPs are able to treat their patients and keep emergency rooms safe for others.

Arguments in Opposition
California Peer Watch (CPW) opposes this bill and says that they are concerned that this is a further effort to not only expand involuntary commitment but to expand it to enable those without extensive mental health training or credentials to do so. CPW states that they continue to have grave concerns about the quality of care that individuals receive when placed involuntarily.

A coalition of organizations, including Disability Rights California, CalVoices, Mental Health America of California, California Youth Empowerment Network, California Association of Mental Health Peer Run Organizations, California Peer Watch, and LGBTQ+ Inclusivity, Visibility, and Empowerment oppose this bill and state that it would allow EPs to bypass the county designation process and associated county monitoring and review requirements for involuntary hold writers. According to this coalition, many counties rely on mobile psychiatric evaluation teams to determine whether individuals in EDs meet the criteria for an involuntary hold and thus transfer to a locked psychiatric facility is needed and this bill would bypass them, reducing care coordination. The coalition concludes that the bill would increase the overall number of detainments and potentially put patients on the hook for costly inpatient care that may not be covered by their insurance if it is later deemed to not be medically necessary.

FISCAL COMMENTS

According to the Senate Appropriations Committee, unknown potential cost pressures to counties for administration. County behavioral health departments that currently develop and implement procedures for the county's designation and training of professionals for purposes of involuntary detainment of individuals, would be required to extend those activities to include emergency physicians as one of the eligible practice disciplines.

VOTES:

ASM HEALTH: 15-0-0
YES: Bonta, Chen, Addis, Aguiar-Curry, Arambula, Carrillo, Flora, Mark González, Krell, Patel, Celeste Rodriguez, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM JUDICIARY: 12-0-0
YES: Kalra, Dixon, Bauer-Kahan, Bryan, Connolly, Harabedian, Macedo, Pacheco, Papan, Sanchez, Stefani, Zbur

ASSEMBLY FLOOR: 71-0-8
YES: Addis, Aguiar-Curry, Ahrens, Alvarez, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Mark González,

Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Petrie-Norris, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Ta, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
ABS, ABST OR NV: Alanis, Arambula, Castillo, Jeff Gonzalez, Pellerin, Quirk-Silva, Stefani, Tangipa

SENATE FLOOR: 40-0-0
YES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener

UPDATED

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