



April 16, 2026

The Honorable Nick Schultz
Chair, Assembly Public Safety Committee
1020 N Street, Room 390
Sacramento, CA 95814

SUBJECT: AB 2339 (Gipson) – Concerns

Dear Assemblymember Schultz:

California hospitals are committed to protecting the health and well-being of all Californians. Part of those efforts include reporting information to the Department of Justice (DOJ) about patients with mental health conditions that prohibit them from possessing firearms. **However, the California Hospital Association (CHA), representing nearly 400 hospitals and health systems, is concerned that Assembly Bill (AB) 2339 (Gipson, D-Gardena) would require hospitals to provide identifying information to DOJ that is not always available and requests that the bill be amended.**

Under current law, people meeting certain criteria may be prohibited from possessing firearms; this includes patients admitted for involuntary treatment under the Lanterman-Petris-Short (LPS) Act who pose a danger to themselves or others, or who are gravely disabled and unable to meet their own basic needs. If a patient meeting those criteria is admitted, hospitals are required to electronically report their identity to the DOJ within 24 hours of admission.

While CHA understands the author's intent to expand the information provided to DOJ so that it can identify individuals prohibited from possessing firearms, AB 2339's requirements include several pieces of information that hospitals may not be able to provide:

- Driver's license number or state identification card number
- A copy of a government-issued identification card, including, but not limited to, a driver's license, state identification card, or military identification card
- A copy of the document substantiating the report or detailing the listed offense prohibiting the person from possessing firearms, ammunition, or other deadly weapons; this includes, but is not limited to, the court order, minute order, or probable cause finding for certification of intensive treatment

Patients admitted for emergency psychiatric stabilization under the LPS Act often arrive via law enforcement or ambulance transport while in the throes of a serious mental health emergency. They are typically alone and in acute distress, which makes collecting information extremely challenging. In many instances, they are unable or unwilling to communicate identifying information or produce documentation, like insurance cards or government-issued identification. Sometimes, these patients are homeless and have no documentation. When treating patients in crisis, hospitals do not delay desperately needed health care services to ask for identification — and, in fact, are prohibited from doing so by state and federal laws that require them to admit and immediately treat patients experiencing psychiatric emergencies without inquiring about an individual's identity or insurance coverage.

In these challenging situations, hospitals may simply be unable to provide all the information AB 2339 would require. **CHA remains concerned about AB 2339, but is hopeful that ongoing conversations with the author indicate an openness to amending the bill to require that hospitals provide the above-listed information *if available to the hospital.***

Thank you for your consideration.

Sincerely,



Leah Barros

Consulting Lobbyist, California Hospital Association

cc: The Honorable Mike A. Gipson
The Honorable Members of the Assembly Public Safety Committee
Dustin Weber, Committee Counsel, Assembly Public Safety Committee
Gary Olson, Consultant, Assembly Republican Caucus