



April 13, 2022

The Honorable Jim Wood, DDS
Chair, Assembly Health Committee
1020 N St., Room 390
Sacramento, CA 95814

SUBJECT: AB 2291 (Muratsuchi) — OPPOSE UNLESS AMENDED

Dear Assembly Member Wood:

Every day, hospitals across California care for an increasing number of individuals placed on involuntary psychiatric holds under the Lanterman-Petris-Short (LPS) Act, and hospitals embrace the essential role they play in helping address these crises. For that reason, the California Hospital Association (CHA) — on behalf of its more than 400 hospital and health system members, including 162 hospitals that provide acute psychiatric inpatient treatment — strongly supports the goals of Assembly Bill (AB) 2291. This bill has the potential to enhance continuity of care for individuals detained because they may, due to a mental disorder, be gravely disabled or a danger to themselves or others.

However, we must respectfully oppose the bill, unless amended to address some key concerns.

CHA is working collaboratively to develop amendments that will keep the bill's intent intact, while increasing its practical implementation. We appreciate the unique circumstances of individuals treated by hospitals while on an involuntary psychiatric hold and believe more can be done to ensure the care to which they are referred is timely and meets their needs, so they are not at risk of subsequent involuntary psychiatric holds. However, we propose that AB 2291 instead address some of the practical gaps that currently hinder that coordination.

In particular, requiring all facilities that provide 72-hour evaluation and treatment to develop a “continuity of care plan” for individuals on an involuntary psychiatric hold would duplicate existing substantial state and federal requirements. Those provisions require hospitals to establish discharge plans for all patients in their care, including specific expectations for patients experiencing homelessness, patients at risk of suicide, and patients with a mental disorder. We believe **implementation of those discharge plans**, including timely outreach to individuals once released and discharged, should be strengthened.

To ensure community providers can identify clients and patients released from involuntarily holds and begin aftercare, facilities (designated and non-designated) from which they are discharged should be required to notify the county mental health department. Once notified, county mental health

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departments (in the case of Medi-Cal enrollees) and individuals' primary care providers (for those commercially insured) should make a good faith effort to promptly contact individuals after they are discharged and engage them in care.

To facilitate efficient communication between facilities, counties, and state oversight agencies, we request that the bill designate an appropriate state agency to identify options and then implement a method for the electronic transmission of data about individuals placed on involuntary holds. This could include developing a web portal similar to the Office of the Attorney General's [Mental Health Reporting System](#), exploring modifications to the existing Patient Discharge Data Set used by hospitals for reporting to the Department of Health Care Access and Information, and identifying opportunities available through [California's Health Care Data Exchange Framework](#) initiative.

We look forward to continuing productive conversations on this bill. However, we respectfully request that you oppose this bill, unless amended, when it comes before your committee. If you have questions about our concerns, please contact me at Leah@LeahBarros.com or (916) 521-6878.

Sincerely,

A handwritten signature in black ink, appearing to be 'Leah Barros', with a long horizontal flourish extending to the right.

Leah Barros
Consulting Lobbyist, California Hospital Association

cc: The Honorable Al Muratsuchi
The Honorable Members of the Assembly Health Committee
Judy Babcock, Consultant, Assembly Health Committee
Gino Folchi, Consultant, Assembly Republican Caucus