



April 29, 2024

The Honorable Buffy Wicks
Chair, Assembly Appropriations Committee
1021 O St., Room 8220
Sacramento, CA 95814

SUBJECT: AB 2700 (Gabriel) — SUPPORT

Dear Assembly Member Wicks:

California hospitals are committed to delivering the right care to patients in the right place, at the right time. Emergency departments (EDs) provide critical care to millions of Californians each year, and one in five ED visits involves a patient with behavioral health needs. However, California’s behavioral health crisis cannot be solved by relying only on hospital EDs. In the past several years, California has invested heavily to build more behavioral health treatment capacity and create alternatives for people in a crisis. Now, legislators must update state law to reflect modern expectations for crisis care.

For this reason, the California Hospital Association (CHA), on behalf of more than 400 hospitals and health systems, supports Assembly Bill (AB) 2700, which would promote expanded use of behavioral health facilities.

All Californians should have access to behavioral health crisis prevention, response, and care services. While EDs are an important access point, alternative facilities and community services are just as — if not more — effective. According to the California Health and Human Services Agency’s [Crisis Care Continuum Plan](#) (2023), “To the extent people in crisis have access to ‘out-of-hospital’ options in the community, reliance on more expensive and acute levels of care, such as emergency departments and inpatient psychiatric beds, is likely to decrease.” The Substance Abuse and Mental Health Services Administration (SAMHSA) [reported](#) in 2020 that a high proportion of people in crisis who are evaluated for hospitalization can be safely cared for in a crisis facility and the outcomes for these individuals are at least as good as hospital care. **Additionally, the cost to provide care at a crisis care facility is substantially less than the costs of inpatient care and accompanying ED “medical clearance” charges.**

AB 2700 would require the state to survey and analyze the facilities in each county that can serve as an alternate destination facility, and for Emergency Medical Services Authority (EMSA) to publish a report online describing the current and needed numbers, capacities, and types of alternate destination facilities in each local emergency medical services agency (LEMSA). LEMSAs participating in the current triage to alternate destination program would be required to provide additional data about their programs and the

challenges they face, while other LEMSAs would annually provide information about the possibilities for alternate destinations in their communities.

The costs to implement the requirements of AB 2700 may be compatible uses of state and federal resources available for implementation of AB 988 (Bauer-Kahan, Chapter 747, Statutes of 2022).

California is currently in the process of implementing the 988 system as the three-digit number for the National Suicide Prevention Hotline. As part of that effort, the state is developing a five-year implementation plan that includes a landscape analysis of existing services and describes how to expand, improve, and link crisis response services. The 2023 Budget Act included a total of 17.5 positions and total expenditure authority of state and federal funds totaling \$13.2 million in 2023-24, \$16 million in 2024-25, and \$16.3 million annually thereafter to support implementation of 988 Crisis Support, pursuant to the requirements of AB 988.

For these reasons, CHA requests your “AYE” vote on AB 2700.

Sincerely,



Leah Barros
Consulting Lobbyist, California Hospital Association

cc: The Honorable Jesse Gabriel
The Honorable Members of the Assembly Appropriations Committee
Allegra Kim, Consultant, Assembly Appropriations Committee
Joe Shinstock, Consultant, Assembly Republican Caucus
Tara Gamboa-Eastman, Director of Government Affairs, Steinberg Institute (Sponsor)