



April 11, 2024

The Honorable Freddie Rodriguez  
Chair, Assembly Emergency Management Committee  
1021 O St., Room 5250  
Sacramento, CA 95814

**SUBJECT: AB 2700 (Gabriel) — SUPPORT**

Dear Assembly Member Rodriguez:

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 Emergency Medical Services Authority to publish descriptions of all local agencies that are serving as, or could serve as, alternatives to hospital EDs. This would include psychiatric health facilities, psychiatric hospitals, sobering centers, and crisis stabilization units.

AB 2700 would also require each local emergency medical services agency, in consult with its county behavioral health department, to develop protocols for transporting individuals to alternate destinations.

This would ensure that transportation to an ED is no longer the default protocol for those in need of mental or behavioral health care services.

By expanding care options for those with mental or behavioral health care needs, AB 2700 would push each community to create new and improved strategies that better meet Californians' growing behavioral health care needs.

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

Sincerely,



Leah Barros  
Consulting Lobbyist, California Hospital Association

cc: The Honorable Jesse Gabriel  
Members of the Assembly Emergency Management Committee  
Mike Dayton, Chief Consultant, Assembly Emergency Management Committee  
Nick Dokoozlian, Consultant, Assembly Republican Caucus  
Tara Gamboa-Eastman, Director of Government Affairs, Steinberg Institute (Sponsor)