

August 29, 2025

CHA Position: **Vote NO on SB 596**

To: The Honorable Members of the Assembly

From: Kathryn Scott, SVP, State Relations and Advocacy

SB 596 (Menjivar) — Oppose

To provide effective patient care, hospitals and nurse leaders must have the flexibility to make real-time staffing decisions based on constantly changing conditions, such as changing patient acuity levels or emergencies that cause a surge in patients. Every day, hospitals ensure they meet staffing ratios that require a specific number of nurses based on patients' needs — and hospitals often staff at levels higher than the minimum to account for unexpected surges in demand.

Senate Bill (SB) 596 would impose new requirements on hospitals' on-call nurse staffing lists. The proposal, as currently written, would disrupt current staffing processes and increase costs for all hospitals (including public hospitals and the state of California). The California Hospital Association (CHA), on behalf of nearly 400 hospitals and health systems, opposes SB 596 because:

- The bill would impose a one-size-fits-all definition of “on-call list” that doesn't reflect how hospitals currently manage staffing, creating conflicts with existing collective bargaining agreements and scheduling systems.
- The bill ignores challenges stemming from variations in nursing specialties, which make it difficult — if not impossible — to mandate uniform on-call lists. Hospitals must have the flexibility to have the appropriate specialty nurses on call for each shift, given the differing needs and requirements of certain hospital units.
- The bill would significantly increase nurse staffing expenses. In most contracts, nurses receive 50% of their base hourly rate during on-call hours, and all call-back hours are compensated at time and a half. Increasing the number of on-call staff — without consideration of what the hospital and its patients truly need — would drive up staffing expenses without actually improving patient care.

SB 596's requirements would increase costs for hospitals — including public hospitals — just as they are facing threats on multiple fronts, with sweeping cuts to Medicaid (Medi-Cal in California) coming from the federal level and the Office of Health Care Affordability capping hospitals' spending well below the basic rate of inflation. With 53% of California hospitals already struggling to keep their doors open, hospitals need support — not additional challenges.

For these reasons, CHA urges your NO vote on SB 596.