



July 9, 2025

The Honorable Mia Bonta  
Chair, Assembly Health Committee  
1020 N Street, Room 390  
Sacramento, CA 95814

**SUBJECT: SB 596 (Menjivar) — OPPOSE**

Dear Assemblymember Bonta:

California's hospitals are deeply committed to their communities and ensuring access to high-quality health care for all. Every day, they staff beyond the required minimum number of nurses to account for unexpected surges — but an emergency or wave of staff illnesses can quickly disrupt even the most carefully planned staffing models.

Nursing is both an art and a science, and effective patient care requires that nurse leaders have the flexibility to make real-time staffing decisions based on constantly changing conditions, such as changing patient acuity levels, emergencies that cause a surge in patients, or other operational challenges. For this reason, decisions about scheduling and staffing should remain in the hands of clinical professionals.

Senate Bill (SB) 596 would impose new requirements on hospitals' on-call nurse staffing lists. Hospitals appreciate the author's intent to strengthen staffing protocols. Unfortunately, the proposal as currently written would disrupt current staffing processes and increase costs for all hospitals (including public hospitals), as well as the state of California. **For these reasons, the California Hospital Association (CHA), on behalf of nearly 400 hospitals and health systems, opposes SB 596.**

SB 596, as recently amended, would establish a specific definition of "on-call list" for registered nurse (RN) staff in the hospital, and would require an on-call list of nurses scheduled for a specific unit and shift. This does not consider how health care is currently provided — hospitals maintain on-call lists in various ways, tailored to best meet their patients' care needs and their unique operational dynamics. There is no one-size-fits-all answer for defining an on-call list, nor for determining who populates the list (be it scheduled on-call nurses, float pools, or nurse staffing agencies).

For some hospitals, the bill's requirements would disrupt existing scheduling systems that are designed to schedule and track call lists dynamically. Satisfying the bill's on-call list definition would be a significant administrative burden, requiring that hospitals either undergo major system redesigns or track on-call lists manually — both of which would be extremely problematic. The variation in nursing specialties could make it difficult to have the appropriate specialty RNs on-call for each shift, given the

differing needs and requirements of certain hospital units. Ultimately, this bill's provisions would undermine hospitals' ability to tailor their staffing to best meet patients' needs.

It is also important to note that some hospitals' collective bargaining agreements include provisions related to assigned/scheduled on-call pay and status — and this bill would likely conflict with those provisions.

Beyond operational and implementation challenges, this bill would significantly increase the cost of care at a time when California can least afford it. 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 actually need — would drive up staffing expenses. With 53% of California hospitals losing money every day caring for patients, the federal government passing historic cuts to Medicaid (Medi-Cal in California), and the Office of Health Care Affordability capping spending at well below the basic rate of inflation, hospitals would simply be unable to keep pace with the increased costs that would be imposed by SB 596.

Under current law, hospitals are subject to fines if they do not meet required nurse-to-patient ratios — unless the hospital demonstrates, to the satisfaction of the California Department of Public Health (CDPH), all of the following:

- Any fluctuations in required staffing levels were unpredictable and uncontrollable.
- Prompt efforts were made by the hospital to maintain required staffing levels.
- In making those efforts, the hospital immediately used and subsequently exhausted the hospital's on-call list of nurses and the charge nurse.

SB 596 would require CDPH to investigate every allegation of a ratio violation within 10 business days, no matter how minor or specious the complaint. CDPH does not have sufficient staff to accomplish this; it would need to hire more surveyors and additional employees to fulfill this bill's new requirements, increasing costs at a time when the state of California is working through a multibillion-dollar deficit.

For these reasons, **CHA opposes SB 596 and asks for your "NO" vote in the Assembly Health Committee.**

Sincerely,



Kathryn Scott  
Senior Vice President, Advocacy

cc: The Honorable Caroline Menjivar  
The Honorable Members of the Assembly Health Committee  
Lara Flynn, Consultant, Assembly Health Committee  
Justin Boman, Health Policy Consultant, Assembly Republican Caucus