



April 10, 2025

The Honorable Caroline Menjivar
Chair, Senate Health Committee
1021 O Street, Room 3310
Sacramento, CA 95814

SUBJECT: SB 596 (Menjivar) – OPPOSE

Dear Senator Menjivar:

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. An emergency event or 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 staffing lists. While the intent to strengthen staffing protocols is appreciated, the proposal, as currently written, lacks clarity and raises significant concerns about implementation. **For these reasons, the California Hospital Association (CHA), on behalf of more than 400 hospitals and health systems, opposes SB 596.**

Currently, 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 that a hospital's on-call list includes at least 10% of the registered nurse (RN) staff for the hospital. But there is no one-size-fits-all answer to the ideal size of an on-call list or nursing float pool. Instead, staffing should be tailored to the specific needs and operational dynamics of each hospital.

For example, a set pool size might be considered excessive for non-critical care units, leading to increased costs and operational inefficiencies if not managed properly. Conversely, a 10% call list might be insufficient for critical care units, which could result in inadequate support during peak times or emergencies. The variation in nursing specialties could also make it operationally difficult to have the appropriate specialty RNs on call for each shift, given the differing needs and requirements of certain hospital units.

Additionally, it is also important to note that some hospitals' collective bargaining agreements include provisions related to assigned/scheduled on-call pay and status. This bill would likely conflict with the provisions of these collective bargaining agreements.

Maintaining on-call staff capacity also would result in raising the cost of health care at a time when 53% of California hospitals lose money every day caring for patients, when the federal government is examining sweeping cuts to Medicaid (Medi-Cal in California), and when the Office of Health Care Affordability is capping spending at well below the basic rate of inflation. In most contracts with nurses, all on-call nurses receive 50% of the base hourly rate during on-call hours, and all call-back hours are compensated at time and a half. This mandate would result in hundreds of millions of dollars in additional health care expenses.

In addition, there is a lack of clarity in two areas:

- **What is the basis for the 10% threshold for RN staff?** — It is unclear whether 10% would mean the number of nurses required to maintain ratio in an understaffed unit, all nurses who are regularly assigned to work in a unit, part-time nurses, nurse managers and executive nurses, research nurses, or others. This lack of clarity is problematic and could lead to an excess number of nurses on call, costing patients and health plans more every month.
- **Why not make use of nurse managers?** — Many hospitals, particularly those in rural communities, don't use float pools or on-call staff. The community is small enough that all nurses live close enough to get to the hospital quickly when called. The hospital simply reaches out to nursing staff when needed, starting with nurse managers who are also qualified to provide direct patient care. Without this flexibility, rural communities would be challenged to maintain any percentage of nurses on call.

Further, many hospitals do not use an on-call nurse model to address staffing needs. Instead, they use "float pool" nurses as essential members of the care team. Float pools are a common staffing strategy used to fill gaps when there are nurse staffing shortages. These pools consist of full- or part-time scheduled nurses who are qualified to work in one or more units in a hospital. When they arrive for their scheduled shift, they are deployed to a unit that needs additional nurses. As drafted, the proposal is unclear as to whether this common and effective practice would satisfy the on-call requirements.

Finally, the requirement for CDPH to treat violations reported on separate days as separate violations would unduly penalize hospitals. It is important to allow CDPH to consider that multiple complaints could come from a single triggering event. Any single triggering event, such as inclement weather and road conditions, could result in tens of thousands in fines, further driving up health care costs.

For these reasons, **CHA is opposed to SB 596, asking for your "NO" vote in the Senate Health Committee.**

Sincerely,

A handwritten signature in black ink, appearing to read 'K Scott', with a long horizontal flourish extending to the right.

Kathryn Scott
Senior Vice President, Advocacy

cc: The Honorable Members of the Senate Health Committee
Vince Marchand, Principal Consultant, Senate Health Committee
Tim Conaghan and Joe Parra, Health Policy Consultants, Senate Republican Caucus