

A Foundation for a Stronger Health Care System for California

Who would be covered in a statewide minimum wage proposal?

- Broader than recently passed local ordinances, this proposal would cover general acute hospitals including UC hospitals and county hospitals, acute psychiatric hospitals, and hospital-owned or operated entities that provide or assist direct patient care, including skilled nursing facilities, outpatient clinics, medical foundations, and licensed residential care facilities.
- Dialysis clinics.
- All employees and contractors at those facilities.

Regional variations and stepped approach

Urban Counties	\$24/hour on 1/1/23 <u>\$25/hour on 1/1/24</u>	Alameda, Contra Costa, Los Angeles, Marin, Orange, Sacramento, San Diego, San Francisco, San Mateo, Santa Clara, Solano, Ventura, and Yolo
Semi-Urban Counties	\$21/hour on 1/1/23 \$22/hour on 1/1/24	Monterey, Napa, Riverside, San Bernardino, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, and Sonoma
General Counties	\$19/hour on 1/1/23 \$20/hour on 1/1/24	All other counties including Fresno, Kern, San Benito, Stanislaus

Upon reaching the top hourly threshold, the minimum wage will then increase annually at inflation (CPI-W) OR 3.5%, whichever is lower.

Municipal Initiatives

- All recently filed municipal initiatives (minimum wage and executive compensation) would be preempted by this legislation or withdrawn prior to the proposal becoming law.
- Local health care minimum wage ordinances are explicitly preempted under the legislation. This means that state law will govern the minimum wage in health care.

Distressed Hospitals

- Creation of a distressed hospital process in the State Treasurer's office with the California Health Facilities Financing Authority, for hospitals, to apply for relief from the minimum wage. If granted, the designation of the California Health and Human Services Agency would modify the schedule for a hospital and hold the minimum wage constant to ensure health care access is maintained while wages are lifted.

2030 Seismic Standards: Protecting Patients and Ensuring Continuity

- The proposal refocuses the 2030 requirement on the emergency and other services needed most after an earthquake.

- While similar to previous proposals from the hospital field that focus on emergency services, the new proposed standards would recognize that emergent maternity care will be part of emergency services.
- Continuity plans will also be included to ensure that all patients in the hospital are able to continue to receive care and if needed, be transported to other facilities.
- Hospitals will be required to submit Master Plans to Department of Health Care Access and Information detailing how they will comply with these new requirements, with any updates annually.
- 7-year extension to allow for hospitals to plan and prepare to meet the new standards.
- The proposal also includes assistance for rural hospitals in determining the impact of the requirements and seeking relief.