



May 9, 2023

The Honorable Chris Holden  
Chair, Assembly Appropriations Committee  
1021 O St., Room 8220  
Sacramento, CA 95814

**SUBJECT: AB 1164 (Lowenthal) – OPPOSE**

Dear Assembly Member Holden:

There is no greater priority for California's hospital emergency departments (EDs) than safe and efficient care for all patients in need of emergency care. Every patient who arrives at a hospital ED can be assured their hospital ED and its dedicated, highly trained staff are available and prepared to treat all patients 24 hours a day, seven days a week.

In 2019, 329 acute care hospitals in California handled almost 15 million ED visits. Between 2009 and 2019, the number of individual treatment stations in hospitals with EDs increased by 23%, from 6,777 to 8,362. The fast-paced environment of the ED demands that scarce health care resources be primarily committed to patient care rather than duplicative administrative reporting requirements.

**This is why the California Hospital Association (CHA) and its more than 400 member hospitals and health systems must oppose Assembly Bill (AB) 1164. The bill would require hospitals to run a crowd score every four hours, develop, and implement six individual full-capacity protocols, and file these protocols with the Department of Health Care Access and Information (HCAI).**

AB 1164 is unnecessary because hospitals already track ED crowding through various methods and are implementing strategies to address and reduce this crowding. Every hospital has different needs, and therefore must have the flexibility to implement the methods that work best for their individual facility rather than the single, prescriptive method in AB 1164. Additionally, current federal and state laws and regulations require hospitals to do this work in order to keep their accreditation and licensing. AB 1164 would not result in any new oversight or improved patient outcomes.

Furthermore, AB 1164 requires hospitals to file six individual full-capacity protocols with HCAI without any additional requirements related to posting, auditing, reporting, or analyzing each hospital's report. AB 1164 would burden EDs with an unnecessary administrative obligation that hospitals would have to absorb with no measurable benefit to the hospital, its patients, or the state's emergency medical services (EMS) system.

Finally, AB 1164 is unnecessary because the six protocols that hospitals must develop are substantially similar to the protocols in AB 40 (Rodriguez), which would require hospitals to develop and submit a similar ED ambulance patient offload reduction protocol with the Emergency Medical Services Authority (EMSA). EMSA is charged with developing and implementing EMS systems throughout California. Because all aspects of California's EMS systems must work together, mutually reinforcing and supporting each other for the benefit of the patient, we believe EMSA is better positioned to accept these hospital reports and use the information to improve the quality of emergency medical services available for all Californians.

AB 1164 is unnecessary and duplicative of the work that hospital EDs are already doing. For these reasons, CHA respectfully requests a "NO" vote on AB 1164.

Sincerely,



Vanessa Gonzalez  
Vice President, State Advocacy

cc: The Honorable Josh Lowenthal  
The Honorable Members of the Assembly Appropriations Committee  
Allegra Kim, Consultant, Assembly Appropriations Committee  
Gino Folchi, Consultant, Assembly Republican Caucus