



June 23, 2023

The Honorable Susan Eggman
Chair, Senate Health Committee
1021 O St., Room 5310
Sacramento, CA 95814

SUBJECT: AB 1001 (Haney) — OPPOSE

Dear Senator Eggman:

Over the last few months, the California Hospital Association (CHA) engaged with the sponsors of Assembly Bill (AB) 1001 in an attempt to make it feasible. Worker and patient safety are of the utmost importance to hospitals, so we presented amendments that offer workable solutions while keeping the intent of the bill — which would require hospitals to adopt policies and meet new minimum staffing requirements for patients with behavioral health emergencies — intact. Unfortunately, we have been unsuccessful in reaching an agreement. **While CHA supports the good intentions behind the bill, we must regrettably move from our earlier “Oppose Unless Amended” position to a strong “Oppose” on AB 1001.**

First, the one-size-fits-all approach to staffing in AB 1001 is rigid and unrealistic, especially given current health care workforce challenges. To improve care for individuals with a mental illness or substance use disorder, many hospitals in California have already begun to create approaches that fit their unique circumstances, patient populations, and available workforce. However, to do this effectively and efficiently, hospitals need flexibility and cannot support a new, statewide mandate for hiring requirements that do not account for local needs and resources. The overly prescriptive and inflexible minimum staffing requirements set forth in AB 1001 are unreasonable and not workable. This bill would strip away hospitals’ ability to develop innovative solutions that fit their unique community needs such as rural, lack of resources, and workforce issues, to name a few. This lack of flexibility to innovate and work within the hospitals’ unique needs is a problem that cannot be overstated.

Second, the new staff-to-patient ratios proposed in AB 1001 would impact every one of California’s 400+ general acute care hospitals and require each one to increase staffing. The California Department of Public Health has established a minimum nurse-to-patient ratio for each unit of a general acute care hospital. The ratio applies to the hospital *unit*, not the patient. Each hospital must also have a system to assess each patient and add staffing, over and above the ratio, for patients who need more care.

To comply with AB 1001 as currently written, each hospital would need to begin by hiring at least two registered nurses and two other licensed personnel. Since the bill requires the new employees to be available at all times of the day or night in every patient care area of a hospital, each hospital would

additionally need to hire at least two more registered nurses and two more licensed personnel to account for employee break periods. **That's a total of at least eight additional new licensed personnel in every general acute care hospital in California, regardless of size, geographic location, or patient volume. Given the current health care and behavioral health workforce shortage, where are hospitals supposed to find these specially trained professionals?** Not only would this exacerbate the existing workforce shortage, but it would also make it more difficult to utilize our current workforce of registered nurses.

Under AB 1001, patients in a hospital outpatient department who are experiencing a behavioral health crisis must be provided nursing care at a 1:4 ratio. Additionally, patients in a hospital inpatient unit who are experiencing a mental health or substance use crisis would be provided nursing care at a 1:4 ratio — or the applicable ratio for the patient's unit, whichever is lower. Patients for whom this new requirement would apply include patients in a medical/surgical unit, where the current ratio is 1:5, and patients in a psychiatric unit where the current ratio is 1:6. This means that under current law, when a patient is stabilized and moved to a psychiatric unit, the nurse-to-patient ratio would then change to 1:6; however, under AB 1001, the ratio would remain at 1:4.

For illustrative purposes, consider the costs to comply with the bill's increased staffing requirements just among hospital psychiatric inpatient units. According to available Department of Health Care Access and Information patient census data from the 66 hospitals that provided inpatient psychiatric care in 2021, over 714,000 days of inpatient psychiatric care were delivered. **For just the psychiatric units, we estimate it would cost hospitals at least \$92 million to provide a 1:4 nurse-to-patient ratio in psychiatric inpatient units.**

Lastly, the Behavioral Health Emergency Response and Training Fund established in AB 1001 does not identify any funds committed to filling it. Further, grants from the fund would only be available to public or nonprofit hospitals, even though more than half of *all hospitals* in California are operating in the red. The financial devastation caused by the unprecedented COVID-19 crisis did not discriminate by hospital type. Hospital closures and service cutbacks are happening because of huge losses sustained due to the pandemic, crippling inflation — especially the cost of labor — and the severe underfunding by government payers — Medi-Cal and Medicare. Now is not the time to add to that strain, especially given the risk of losing access to critical health care services that low-income and underserved patients are facing.

CHA regrets that an agreement on amendments was not reached with the sponsors of the bill. As such, we must regretfully oppose AB 1001. I may be reached at Leah@LeahBarros.com or (916) 521-6878 with any questions.

Sincerely,



Leah Barros
Consulting Lobbyist, California Hospital Association

cc: The Honorable Matt Haney
The Honorable Members of the Senate Health Committee
Vince Marchand, Principal Consultant, Senate Health Committee
Joe Parra, Consultant, Senate Republican Caucus