



June 2, 2023

The Honorable Susan Eggman
Chair, Senate Health Committee
1021 O St., Room 3310
Sacramento, CA 95814

RE: AB 40 (Rodriguez) – As Amended on March 18, 2023 – Oppose Unless Amended

Dear Senator Eggman:

There is no greater priority for California’s hospitals than providing safe and timely care to all who come to an emergency department. However, a severely strained health care delivery system has made providing health care services more challenging than ever before. For these reasons, the California Hospital Association (CHA) and its more than 400 member hospitals and health systems **must oppose Assembly Bill (AB) 40 unless it is amended to acknowledge that ambulance patient offload delays are a complex issue that can’t be solved by hospitals alone. AB 40 must take into account that there are challenges across the entire health care delivery system that are leading to these offload delays.**

Hospitals Are Working Extensively to Reduce Offload Delays

Hospitals are willing to do their part to reduce delays and agree to many of the requirements in AB 40 such as developing and implementing protocols to meet the offload standard and working collaboratively with local emergency medical services agencies (LEMSAs) and pre-hospital partners. In fact, many hospitals throughout the state have already implemented best practices and innovative solutions in order to reduce delays. Just a few examples include newly created positions to improve efficiency, hiring of emergency department (ED) patient flow consultants, and incorporating more physicians and nurses during peak volume times. Other hospitals have created entire committees dedicated to addressing offload delays. Even with such efforts under way, much still needs to be done beyond the emergency department’s walls.

Challenges Across the Entire Health Care Delivery System Lead to Delays

AB 40 fails to acknowledge that while delays ultimately manifest themselves in hospital emergency departments, there are broader problems in the health care delivery system — outside of the hospitals’ control — that result in delays, including:

- A lack of available primary care providers, which results in more people turning to the emergency department for care
- An increase in patients in a behavioral health crisis as well as a higher number of individuals experiencing homelessness who are seeking refuge in EDs. This has led to unprecedented overall ED volumes — a 42% increase in the last seven years.

- At the same time, California is experiencing a health care workforce crisis — Futuro Health *conservatively* estimates a shortage of 500,000 allied health employees by 2024. A UCSF study found that California had a deficit of 40,000 registered nurses in 2021, and that number has likely only grown.
- Ambulance providers across the state are experiencing the same workforce challenges, which means they are not always able to operate the required number of ambulances needed to respond to 911 calls as quickly as possible.
- Challenges in discharging patients to lower levels of care outside of the hospital. This results in fewer beds available for new patients.
- Inappropriate use of emergency departments by individuals seeking treatment for non-urgent care
- Required nurse staffing ratios that are not flexible and result in delays in inpatient admissions

Hospitals are willing to do their part to reduce ambulance patient offload times, but given the challenges across the entire health care delivery system, hospitals cannot do this on their own and some still won't be able to meet the local standard.

For this reason, CHA requests an amendment to ensure that hospitals will not be penalized if they cannot meet the standard due to factors that are outside their control.

Significant Lack of Accuracy in Data Collection Must Be Addressed

It is also important to understand that there continues to be no accurate, uniform, and audited data to track the time it takes to transfer care from emergency medical services providers to EDs. Currently, ambulance providers manually input data and submit it to their LEMSA, which then transmits data to the state emergency medical services authority (EMSA). Hospitals have no formal opportunity to review, validate, or correct data prior to submission. While conducting audits, hospitals have frequently found that the offload times EMSA collects are significantly different from the transfer of care data tracked by hospitals. While we appreciate that AB 40 includes a requirement for EMSA to develop an audit tool to improve data accuracy, CHA is requesting additional amendments to ensure hospitals have an opportunity to review and correct any inaccuracies before it is reported at the statewide level.

Hospitals agree that ambulance patient offload delays are a problem and are eager to be a part of the solution; however, there are numerous challenges in the entire health care delivery system that must be addressed before we are able to make meaningful change. We look forward to continued discussions on this important issue. If you have any questions, please don't hesitate to contact me at vgonzalez@calhospital.org.

Sincerely,



Vanessa Gonzalez,
Vice President, State Advocacy

cc: The Honorable Freddie Rodriguez
The Honorable Members of the Senate Health Committee

Vince Marchand, Consultant, Senate Health Committee
Joe Parra, Consultant, Senate Republican Caucus