



July 8, 2025

The Honorable Mia Bonta
Chair, Assembly Health Committee
1021 O Street
Sacramento, CA 95814

Re: OPPOSE – SB 596 (Menjivar)

Dear Chair Bonta:

On behalf of the members of the California Association of Public Hospitals and Health Systems (CAPH) and the millions of patients they serve, we are writing to express our opposition to SB 596 (Menjivar). This bill amends existing law to define an on-call list to include nurses scheduled to be on-call for the shift and unit or a regularly scheduled for a float pool shift to cover any shortages across specified units.

California's 17 public health care systems, which include county-operated and affiliated facilities and the five University of California health systems, are the core of the state's health care safety net. County public health care systems have a mission and mandate to deliver high-quality care to all, regardless of ability to pay or insurance status, across a comprehensive range of services. Despite representing only 6% of all hospitals statewide, public health care systems provide 35% of all Medi-Cal and uninsured hospital care. They contribute over \$4 billion annually to the Medi-Cal program, in place of the state's share, with many of their payments uniquely tied to quality and performance improvements. Additionally, these systems train a diverse and inclusive workforce, including nearly half of all new doctors in hospitals across the state.

There is no universal application for on-call lists or float pools. To meet the varied needs of our hospitals, staffing should be tailored to their specific operational dynamics. Presently, our members comply with current law by utilizing varied staffing models. Many of these contingency plans do not include maintaining unit and shift specific on-call lists or float pools. Smaller public hospital systems cannot feasibly maintain unit-specific on-call lists for every specialty area. Unlike large private systems, they lack the volume and resources to pay specialized nurses to be on standby for each unit and shift. Accordingly, the financial impact of adding specified on-call lists or float pools, given existing staffing models, would be significant with no clear benefit to patient care or safety.

Further, many of our members have collective bargaining agreements that require higher staffing ratios than mandated. As a result, these systems typically schedule additional staff who can then cover unplanned absences while still meeting or exceeding state-mandated ratios. This bill would add additional burden and cost. Adding these expanded requirements during a period of budget constraints could push our members to make service reductions.

Our public hospitals and health systems face unique financial and operational challenges. When private hospitals divert patients, our members are mandated to provide care. During this unprecedented time, it is critical that we focus on ensuring access and patient safety in ways that do not incur substantial additional costs.

We would be pleased to discuss our position with you and answer any questions you may have. Please contact Kelly Brooks-Lindsey at 916.753.0844 or kbl@hbeadvocacy.com if you would like to engage with us. Thank you for your consideration.

Sincerely,

Erica Murray
President and CEO

Katie Rodriguez
Vice President of Policy and Government Relations
California Association of Public Hospitals and Health Systems (CAPH)

cc: The Honorable Caroline Menjivar