

Date of Hearing: August 20, 2025

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

SB 596 (Menjivar) – As Amended July 3, 2025

Policy Committee: Health

Vote: 12 - 2

Urgency: No

State Mandated Local Program: No

Reimbursable: No

**SUMMARY:**

This bill modifies the enforcement of hospital nurse-to-patient staffing ratios by: (1) shortening the time the California Department of Public Health (CDPH) has to start and complete certain investigations, (2) requiring CDPH treat violations on separate days as separate violations, and (3) defining “on-call list” for nurse staffing.

Specifically, this bill:

- 1) When CDPH receives a complaint alleging a violation of the nurse-to-patient ratio regulations that does not involve a threat of imminent danger of death or serious bodily harm, requires CDPH to commence an inspection or investigation within 10 business days, and to complete that investigation within 60 days.
- 2) Requires CDPH to treat violations of health facility nurse-to-patient ratio regulations on separate days as separate violations.
- 3) Defines an “on-call list” as a list that is comprised of nurses who are scheduled to be on call for the shift and unit where an alleged nurse-to-patient ratio violation occurred, or nurses who are assigned to a regularly scheduled float pool shift to cover any shortages across one or more specified units. Prohibits a hospital contacting, or attempting to contact, licensed nurses who are not scheduled to be on call and who are not assigned to a float pool for the unit and shift where an alleged violation occurred from being considered as exhausting an on-call list.

**FISCAL EFFECT:**

CDPH estimates costs of approximately \$435,000 starting in Fiscal Year (FY) 2026-27 and ongoing for two positions to reduce nurse-to-patient ratio complaints investigation start times (Licensing and Certification Fund).

**COMMENTS:**

- 1) **Purpose.** This bill is sponsored by SEIU California State Council and UNAC. According to the author:

The enactment of nurse-to-patient ratios in California more than twenty years ago, has improved patient outcomes but more needs to be done to close some existing gaps. In an acknowledgement that

hospitals can make a good faith effort and still have situations that result in a staffing shortage, the law provided that a hospital would not be subject to financial penalties if, among other things, hospitals “used and subsequently exhausted the hospital’s on-call list of nurses and the charge nurse.” However, there is no definition of what constitutes an “on-call list,” and nurses have reported that hospitals have claimed that it “exhausted” an on-call list simply by calling a few nurses to see if they could cover a shift. That is not anyone’s definition of an on-call list, and was not the intent of the Legislature when passing the bill. This bill requires the on-call list to be comprised of nurses who are officially scheduled to be on call,...a reasonable approximation of the flexibility a hospital should have to respond to an unexpected increase in patient volume as well as to cover nurses who cannot come into work for their regularly assigned shift.

- 2) **Background. *Nurse-to-Patient Ratios.*** In 2004, regulations implementing nurse-to-patient ratios in California hospitals pursuant to AB 394 (Kuehl) Chapter 945, Statutes of 1999, went into effect. The regulations set the minimum ratio of nurses to patient by unit and require the minimum ratios be met at all times. If a health care emergency causes a change in the number of patients on a unit, a hospital is required to demonstrate that prompt efforts were made to maintain required staffing levels.

***Float Pools.*** A float pool is a group of staff who can be deployed to different units within a health facility as needed. They can be nurses that are not assigned to a specific unit but are instead available to fill staffing gaps across various units, such as emergency rooms, intensive care units, or surgical wards. This model allows for greater flexibility in staffing and ensures that patient care remains uninterrupted during times of high demand or staff shortages. By utilizing float pool nurses, facilities can reduce reliance on external staffing agencies, leading to cost savings.

***Nurse-to-Patient Ratio Enforcement.*** According to CDPH, within the past three years, 1,071 complaints of nurse-to-patient ratio violations and 28 facility-initiated incidents were substantiated with deficiencies, and all of these required a Plan of Correction. CDPH imposed a fine for 25 of these violations, and five of those were issued in conjunction with a finding of harm to the patient.

**Analysis Prepared by:** Allegra Kim / APPR. / (916) 319-2081