Office of Senate Floor Analyses
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UNFINISHED BUSINESS

Bill No: SB 596
Author: Menjivar (D)
Amended: 9/2/25 in Assembly
Vote: 21

SENATE HEALTH COMMITTEE: 8-2, 4/23/25
AYES: Menjivar, Durazo, Gonzalez, Limón, Padilla, Richardson, Rubio, Wiener
NOES: Valladares, Grove
NO VOTE RECORDED: Weber Pierson

SENATE APPROPRIATIONS COMMITTEE: 5-1, 5/23/25
AYES: Caballero, Cabaldon, Grayson, Richardson, Wahab
NOES: Seyarto
NO VOTE RECORDED: Dahle

SENATE FLOOR: 24-10, 6/4/25
AYES: Allen, Arreguín, Becker, Cabaldon, Caballero, Cervantes, Cortese, Durazo, Gonzalez, Grayson, Hurtado, Laird, Limón, McGuire, McNerney, Menjivar, Padilla, Pérez, Richardson, Rubio, Smallwood-Cuevas, Stern, Wahab, Wiener
NOES: Alvarado-Gil, Choi, Dahle, Grove, Jones, Niello, Ochoa Bogh, Seyarto, Strickland, Valladares
NO VOTE RECORDED: Archuleta, Ashby, Blakespear, Reyes, Umberg, Weber Pierson

ASSEMBLY FLOOR: 43-19, 9/11/25 – Roll call not available

SUBJECT: Health facilities: administrative penalties

SOURCE: Service Employees International Union California
United Nurses Association of California/Union of Health Care Professionals

DIGEST: This bill revises a provision of law exempting a hospital from financial penalties for nurse-to-patient ratio violations if the hospital immediately used and exhausted its on-call list of nurses, by defining an "on-call list" as being comprised of nurses who are scheduled to be on call for the shift and unit where an alleged violation occurred, or nurses who are assigned to a regularly scheduled float pool shift to cover any shortages across one or more specified units. Additionally, requires violations on separate days to be treated as separate violations.

Assembly Amendments revised the definition of "on-call list" to delete the requirement that it be a minimum of 10% of the registered nurse staff for the hospital, deleted the timeline for investigations of nurse to patient ratios, and deleted a provision authorizing emergency regulations for the adoption of nurse to patient ratios in acute psychiatric hospitals.

ANALYSIS:

Existing law:

1) Licenses and regulates health facilities by the California Department of Public Health (CDPH), including general acute care hospitals, acute psychiatric hospitals, and special hospitals (hospitals). [Health and Safety Code (HSC) §1250, et seq.]

2) Requires CDPH to adopt regulations that establish minimum, specific, and numerical licensed nurse-to-patient ratios, by licensed nurse classification and by hospital unit, for hospitals, and requires these ratios to constitute the minimum number of registered and licensed nurses that must be allocated. [HSC §1276.4]

3) Requires the regulations adopted for acute psychiatric hospitals that are not operated by the Department of State Hospitals to take into account the special needs of the patients served in the psychiatric units. [HSC §1276.4(k)]

4) Establishes, in regulations, required nurse-to-patient ratios by unit or clinical area in general acute care hospitals. These ratios range from a minimum of one nurse to two patients in critical care units (1:2), 1:4 in an emergency department, and 1:6 in a medical/surgical unit, among other ratios for specific units. [California Code of Regulations (CCR) Title 22, §70217]

5) Permits CDPH to assess an administrative penalty against a hospital, for a deficiency constituting an immediate jeopardy violation, as defined, up to a maximum of $75,000 for the first administrative penalty, up to $100,000 for the

second administrative penalty, and up to $125,000 for the third and every subsequent administrative penalty. [HSC §1280.3 (a)]

6) Permits CDPH to assess an administrative penalty of up to $25,000 per violation for those not deemed to constitute immediate jeopardy. Prohibits CDPH from assessing an administrative penalty for minor violations. [HSC §1280.3 (b) and (c)]

7) Requires CDPH, notwithstanding the penalty provisions for other violations as described in 5) and 6) above, to assess hospitals a $15,000 penalty for a first violation of nurse-to-patient staffing ratios, and $30,000 for the second and each subsequent violation. However, specifies that a general acute care hospital is not subject to an administrative penalty if the hospital can demonstrate to the satisfaction of CDPH all of the following:

   a) That any fluctuation in required staffing levels was unpredictable and uncontrollable;
   b) Prompt efforts were made to made to maintain required staffing levels; and,
   c) In making these efforts, the hospital immediately used and subsequently exhausted the hospital's on-call list of nurses and the charge nurse. [HSC §1280.3(f)]

8) Requires CDPH, when it receives a report or complaint that indicates an ongoing threat of imminent danger of death or serious bodily harm, to make an onsite inspection or investigation within 48 hours or two business days, whichever is greater, and to complete that investigation within 45 days. [HSC §1279.2(a)]

This bill:

1) Defines an "on-call list," for purposes of a provision of law allowing hospitals to demonstrate that it has used and exhausted its on-call list of nurses in order to avoid an administrative penalty for a violation of the nurse-to-patient ratios, as being comprised of nurses who are scheduled to be on call for the shift and unit where an alleged violation occurred, or nurses who are assigned to a regularly scheduled float pool shift to cover any shortages across one or more specified units.

2) Specifies that 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 does not count as exhausting an on-call list.

3) Requires CDPH to treat violations of the nurse-to-patient staffing ratios on separate days as separate violations.

Background

Nurse staffing 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. However, long before California had specific nurse-to-patient ratios, hospitals were required, by regulation, to establish a patient classification system. This patient classification system is a method by which hospitals establish staffing requirements by unit, patient, and shift, and includes a method by which the amount of nursing care needed for each category of patient is validated for each unit.

The regulations implementing the AB 394 nurse-to-patient ratios law set the minimum ratio of nurses to patient by unit, including one-to-one in operating rooms, one-to-two in intensive care units or other "critical care units," one-to-three in a step down unit, one-to-four in a telemetry unit, and one-to-and one-to-five in general medical-surgical units. These regulations also incorporated the patient classification system requirement. In essence, the specific nurse-to-patient ratios establish the minimum number of nurses by unit, while the patient classification system determines whether there needs to be a higher level of staffing beyond the minimum ratio after taking into consideration factors such as the severity of the illness, the need for specialized equipment and technology, and the complexity of clinical judgment needed to evaluate the patient care plan, among other factors. The nurse-to-patient ratio regulations require that the minimum ratios must be met at all times. However, 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.

Data on nurse-to-patient ratio enforcement. According to CDPH, within the past three years, there were 1,328 complaints and facility-initiated incidents related to nurse-to-patient ratio violations. CDPH notes that it can receive multiple complaints for the same violation, for example if three nurses at the same facility report the same understaffed shift. Each complaint is entered in the Electronic Licensing Management System, but district-level investigators may identify multiple complaints for the same violation and consolidate their investigation activities as appropriate. In this example, the system for tracking deficiencies will only reflect a single deficiency that was substantiated. Of the 1,328 complaints and facility-initiated incidents received in the past three years, 1,071 complaints 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. According to CDPH, the most common units where staffing violations were found were the telemetry units (which is required to be at 1:5 nurse to patient ratio), medical/surgical units (1:5 ratio), and critical care units (1:2 ratio). CDPH states that compliance with nurse staffing ratios is reviewed during the relicensing survey that is conducted every three years. Additionally, if a complaint is submitted, CDPH will assign this to a nurse surveyor for investigation. According to CDPH, nurse staffing was added to the statewide survey tool used during hospital inspections beginning in 2016. SB 227 (Leyva, Chapter 843, Statutes of 2019) provided fine authority specific to nurse-to-patient ratios, which is $15,000 for a first violation, and $30,000 for subsequent violations, with specified limitations.

Last year, AB 1063 (Gabriel) of 2024, among other provisions, would have required CDPH to conduct an annual review of its enforcement of the nurse-to-patient ratios, and to submit a report to the Legislature on its findings, including the number of reports received alleging violations and the outcome of any investigations. The Governor vetoed this bill, and in his veto message, indicated that he was directing CDPH to update their hospital citations tracking system to include a category specific to nurse-to-patient ratio violations, and to publish this on the Center for Health Care Quality's State Enforcement Tracking Dashboard (Dashboard). On March 4, 2024, CDPH updated the Electronic Licensing Management System to include a category specific to nurse-to-patient ratio violations, and that moving forward, this information (which is specific to when an administrative penalty has been assessed against a facility, and does not include all substantiated violations) will be available on the Dashboard. As of June 18, 2024, the Dashboard shows that there have been 13 enforcement actions related to nurse-to-patient ratios, which resulted in an administrative penalty (fine), totaling $345,000. The earliest citation that appears on the Dashboard was assessed in October of 2023, and the most recent was in May of this year. All assessments were either $15,000 for a first violation, or $30,000 for a repeat violation, pursuant to SB 227.

Psychiatric hospitals still do not have nurse staffing ratio regulations. In a series entitled "Failed to death," the *San Francisco Chronicle* published three articles in February and March of this year focusing on care provided at for-profit acute psychiatric hospitals. According to the Chronicle, it found that incidents of violence, neglect and patient self-harm are rampant within many of California's for-profit psychiatric hospitals, the majority of which are run by just four companies. Among other things, the Chronicle found that for-profit operators employ fewer nurses and other frontline workers than nonprofit psychiatric

hospitals and locked psychiatric units in general hospitals. The Chronicle also pointed out that while state law requires CDPH to set specific minimum nurse-to-patient ratios in psychiatric hospitals, it has not yet done so.

The original bill requiring CDPH to adopt nurse-to-patient ratios, AB 394, required the adoption of ratios for three category of hospitals: general acute care hospitals, which make up the vast majority of licensed hospitals in the state; special hospitals, which are specific to dental or maternity care, though there hasn't been a licensed special hospital in many years; and acute psychiatric hospitals (with the exception of psychiatric hospitals operated by the Department of State Hospitals). While the regulations implementing ratios for general acute care hospitals went into effect in 2004, as described in 2) above, CDPH has never adopted regulations for acute psychiatric hospitals.

Comments

According to the author of this bill:

> 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 simply requires that an on-call list be comprised of nurses who are officially scheduled to be on call. Additionally, this bill clarifies that violations on separate days should be treated as separate violations. This bill does not tell hospitals how many nurses need to be on-call, or even require hospitals to have an on-call list in the first place. Hospitals remain free to use any combination of strategies to meet safe staffing requirements, including the use of per diem nurses or staffing agencies. The only thing this bill does is prevent a hospital from claiming it had an on-call list, in order to avoid penalties when they are out of compliance with minimum staffing levels, when it did not have any nurses scheduled to be on call or scheduled as part of a float pool.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Assembly Appropriations Committee, there are no state costs associated with this bill.

SUPPORT: (Verified 9/10/25)

Service Employees International Union California (co-source)
United Nurses Association of California/Union of Health Care Professionals (co-source)

OPPOSITION: (Verified 9/10/25)

Adventist Health
Alliance of Catholic Health Care
Arrowhead Regional Medical Center
California Association of Public Hospitals & Health Systems
California Children's Hospital Association
California Hospital Association
California Special Districts Association
Corona Regional Medical Center
Dignity Health
Kern Medical
Kindred Hospitals
LA Downtown Medical Center
Marshall Medical Center
Mayers Memorial Healthcare District
Palmdale Regional Medical Center
PIH Health
Redlands Community Hospital
Saint Agnes Medical Center
San Bernardino Mountains Community Hospital District
Scripps Health
Sharp Healthcare
Sierra View Medical Center
Southwest Healthcare Inland Valley Hospital
Southwest Healthcare Rancho Springs Hospital
Southwest Healthcare System
Stanford Health Care
Temecula Valley Hospital
Tenet Healthcare Corporation
United Hospital Association

Valley Children's Healthcare
Valley Industry and Commerce Association

ARGUMENTS IN SUPPORT: This bill is co-sponsored by SEIU California and United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP). The sponsors state that this bill aims to strengthen nurse-to-patient ratio compliance and improve patient safety in California hospitals. According to the sponsors, this bill addresses critical issues related to implementation of nurse-to-patient ratios, including creating a common definition of on-call lists for purposes of the hospital qualifying for an exemption from staffing violation penalties. Additionally, this bill addresses the issue of complaint bundling, where hospitals reported that multiple complaints across multiple days are combined and treated as one violation, and creates a clear timeline for violations to be investigated. According to the sponsors, front line nurses have reported that some hospitals are not living up to the legislative intent of SB 227, by simply calling nurses who are not scheduled to be on-call and claiming that is exhausting an on-call list, and not making a good faith effort to stay in compliance with ratios. The practice of bundling has a chilling effect on nurses speaking up on staffing issues and allows hospitals to repeatedly violate state law with minimal accountability. According to the sponsors, the importance of appropriate nurse-to-patient ratios cannot be overstated, and decades of research have shown that safe staffing reduces patient mortality, hospital readmissions, and improves recovery outcomes. Moreover, when nurses are overburdened with excessive patient loads, it not only compromises patient safety, but also leads to increased stress and job dissatisfaction. By ensuring that if a hospital claims it has an on-call list, it means that nurses were actually scheduled to be on-call, this bill strengthens the foundation for quality patient care.

ARGUMENTS IN OPPOSITION: The California Hospital Association (CHA), along with a coalition of other hospitals and hospital systems, states in opposition that this bill would impose new requirements on hospitals' on-call nurse staffing lists, and would disrupt current staffing processes and increase costs for all hospitals. Specifically, CHA and hospitals oppose this bill because it would impose a one-size-fits-all definition of "on-call list" that doesn't reflect how hospitals currently manage staffing, creating conflicts with existing collective bargaining agreements and scheduling systems. Addition, CHA argues this bill ignores challenges stemming from variations in nursing specialties – variations that make it difficult, if not impossible, to mandate uniform on-call lists. CHA states that hospitals must have the flexibility to ensure the appropriate specialty nurses are on call for each shift, given the differing needs and requirements of certain hospital units. Finally, CHA states that this bill would significantly increase nurse staffing

expenses. According to CHA, in most contracts, nurses receive 50% of their base hourly rate during on-call hours, and all call-back hours are compensated at time and a half. Increasing the number of on-call staff – without considering what the hospital and its patients truly need – would drive up staffing expenses without actually improving patient care.

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9/11/25 17:26:51

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