



# Nurse Staffing Ratio Bill – SB 227

June 12, 2019



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# Welcome



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## Faculty



**Carmela Coyle** began her tenure as the President & CEO of the California Hospital Association in October 2017.

Previously, Ms. Coyle led the Maryland Hospital Association for nine years, where she played a leading role in reframing the hospital payment system in Maryland and moving to a value-based methodology.

Prior to 2008, she spent 20 years in senior policy positions with the American Hospital Association (AHA), including 11 years as the senior vice president of policy, where she served as a national media spokesperson and led AHA's policy development and strategy planning activities. Earlier in her career, she worked for the Congressional Budget Office in Washington, D.C., advising members of Congress and their staff on the economic and budgetary implications of legislative policy.

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## Faculty



**Kathryn Austin Scott** is the senior vice president for state relations and advocacy, serving as the association's head lobbyist in Sacramento and directing the California lobbying team.

Ms. Scott has over 20 years of experience in public policy and has served as a contract lobbyist to CHA for 15 years. She has also represented the United Hospital Association and the District Hospital Leadership Forum among other health care and non-health care clients.

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## CHA Staff

**BJ Bartleson, RN, MS, NEA-BC**, Vice President, Nursing & Clinical Services

**Gail Blanchard-Saiger**, Vice President & Counsel, Labor & Employment

**David Simon**, Group Vice President, Communications

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**SB 227: Nurse Staffing Ratio Penalties**  
**Time to get involved!**



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## SB 227 Nurse Staffing Ratio Penalties

### What *exactly* would this bill do?

- SB 227 (Leyva, D-Chino) would create an additional, mandatory penalty system – on top of the current penalty system – for hospitals that do not meet nurse staffing ratios, without regard to unique circumstances or patient outcome.
- Fines would be set at \$30,000 for the first penalty and \$60,000 for the second and subsequent penalties.
- After six years, fines would return to initial penalties of \$30,000 for the first infraction and \$60,000 for the second and subsequent.
- Because the bill offers no exceptions to the “at all times” standard, CHA expects frequent infraction reports.

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## Issue History

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### Wait, haven't we been here before?

- Last year the same author and sponsors (SEIU 121) advanced a similar bill, SB 1288.
- Last year's version passed both houses easily, with:
  - Penalties of \$15,000/\$30,000
  - Return to initial penalties after just *three* years
  - Exceptions when nurses leave the floor sick or injured
- Governor Brown vetoed the bill.

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## Current Status

### Remind me, where we are in the legislative process?

- The bill has passed the Senate after a tough floor fight.
- It will be heard in the Assembly Health Committee on June 25.
- If passed out of committee, it will head to the Assembly Appropriations Committee.
- If passed out of Approps, it will move to the Assembly Floor.
- In the Assembly, where 41 votes are needed to approve the bill, there are 61 Democrats – many of whom voted for the previous version.

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## Messaging

As you write, call, and meet with legislators, we want you to tell your hospital's story of why additional ratio penalties are problematic for patient care. The following key messages serve as a guide in sharing that story.



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## What problem is SB 227 trying to solve?

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Over a span of  
**10 years...**

**35**

Representing  
**35 million**  
hospital hours...

This means an infraction was identified for **only 1/500<sup>th</sup> of 1%** of all hospital hours of care provided.

**634**

The state found **only 634 infractions.**

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## Clinical decisions should be left to clinicians

- Hospitals staff appropriately to ensure compliance at all times.
- A single unexpected nurse emergency, illness, or other temporary absence from the floor – for just a few minutes – can throw off the staffing plan and would result in a penalty under this bill.
- Nurse leaders need flexibility to shift their staff based on ever-changing variations in patient acuity, surge events, and other factors.
- Scheduling and minute-to-minute staffing decision-making should be in the hands of clinical professionals, not the state government.



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## Nurse leaders should focus on patients, not paperwork

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## No evidence suggests ratios improve patient care

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- The state has never assessed the effectiveness of nurse staffing ratios, despite being required by law to do so.
- Independent research found no link between ratios and improved patient outcomes.
- Compliance with ratios adds nearly \$3 billion to the cost of care **each year**.
- There is no evidence that these 15-year-old ratios improve patient care.

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## How You Can Help

### Engage, engage, engage – you're the best voice!

What we need:

- **CEOs:** Send your letter to the Assembly Health Committee by **June 17**.
- **CNOs:** Schedule a meeting with your Assemblymember while they are in their district during the Legislature's July 15-August 9 recess.  
**Meetings should be requested by June 26 to secure time with legislators during the recess.**
- **GR Leads (if applicable):** Coordinate with your CEO/CNO to ensure consistent messaging.

Questions? Contact Kathryn Scott at 916.552.7540 or [kscott@calhospital.org](mailto:kscott@calhospital.org)

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## Questions

### Online questions:

Type your question in the Q & A box,  
press enter

### Phone questions:

To ask a question, press \*1

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## Contact Information

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## Thank You and Evaluation

Thank you for participating in today's member forum. An online evaluation will be sent to you shortly.

For education questions, contact Robyn Thomason at (916) 552-7514 or rthomason@calhospital.org.

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