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June X, 2019

The Honorable Jim Wood, D.D.S., Chair
Assembly Health Committee
State Capitol
Sacramento, CA 95814

SUBJECT: SB 227 (Leyva) – OPPOSE

Dear Dr. Wood,

Patient safety is <HOSPITAL NAME>'s top priority.

For more than a decade, our nurse leaders and bedside nurses have worked to ensure compliance with nurse staffing ratios, taking into account the ever-changing clinical environment at <HOSPITAL NAME>.

Now, with the introduction of SB 227 (Leyva), there is the possibility of additional, excessive financial penalties levied on hospitals for *any* nurse staffing ratio violation, even when no patient is harmed or placed at risk of harm.

But state officials already conduct unannounced hospital inspections to ensure patient safety and quality of care. Under existing law, penalties of up to \$125,000 can be imposed whenever an inspection finds that a patient was harmed or placed at risk of harm, including any failure to meet staffing ratios. SB 227 would impose excessive, additional fines — \$30,000 for the first violation and \$60,000 for every subsequent breach — regardless of whether there was any impact on patients.

These added fines increase the cost of health care for all Californians — just one reason <HOSPITAL NAME> opposes SB 227.

Before doubling down on penalties that exist today and adding more cost to health care in California (compliance with nurse staffing ratios *already* adds at least **\$3 billion in annual costs to California's health care system**), legislators should know whether existing staffing ratios have actually improved care.

In the 15 years since nurse ratios were implemented, state officials have never evaluated their impact on patient care — even though the law required such an evaluation five years after implementation. And a host of independent academic studies have concluded that there is no statistically significant difference in patient outcomes with or without ratios.

Here's something we do know for certain: infractions are incredibly rare: Over a 10-year period through 2017, representing more than 35 million hours of hospital operations, the state found a mere 634 infractions — **less than 1/500th of 1% of hospital hours** — the vast majority of which posed little to no risk of patient harm.

That's because every day at <HOSPITAL NAME>, we staff at levels in accordance with the ratios' "at all times" mandate. However, a single unexpected emergency or illness can jeopardize our carefully prepared staffing plan.

Complicating the issue further is the fact that SB 227 offers no exceptions. For example, if one of our nurses gets a call from her child's school that her son is sick, she may have to unexpectedly leave work before the end of her shift. Or if a patient's condition suddenly changes, a nurse may need to accompany the patient off the

unit for a diagnostic test, potentially leaving the unit out of compliance for just few minutes. SB 227 would preclude state health officials from using any judgement if a staffing ratio is temporarily unmet.

Significant increases in protected time for California workers, including nurses (e.g. the Family Medical Leave Act, the California Family Rights Act, California Paid Sick Leave, Kin Care, etc.), combined with a shortage of nurses in some parts of the state, also complicate mandated nurse-to-patient ratio staffing.

The focus should be on patients. It is <HOSPITAL NAME>'s mission and sacred duty to care for patients. Ensuring that every patient receives timely and appropriate care from qualified nurses is core to that mission. Because we take this duty so seriously, we believe that nurse staffing decisions are best made by clinical professionals on patient care floors — not by state government. Only clinical professionals, in the moment, can best evaluate staffing needs based on patient acuity, emergency surge events, nurses' needs, and more.

For these reasons, we respectfully ask you to vote "NO" on SB 227.

Sincerely,

<Your Name>
<Hospital Name>