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The Honorable Richard Roth, Chair

California State Senate Committee on Health
Capitol Office, 1021 O Street, Room 3310
Sacramento, CA 95814

Position Letter: SB 596 (Menjivar) – Support if Amended

Dear Chair Roth and Members of the California State Senate Committee on Health,

Students for Patient Advocacy Nationwide (SPAN) supports the intent of SB 596, which seeks to strengthen enforcement of California’s nurse-to-patient staffing ratios and ensure that hospitals are held accountable when they fail to provide safe, adequate staffing. We recognize the urgency of this legislation in safeguarding patients and supporting nurses across the state. However, after careful review of the bill’s language, we respectfully request a focused amendment to address a key ambiguity that could undermine its enforceability and impact.

Specifically, SB 596 requires hospitals to exhaust an on-call list of nurses, equal to at least 10% of regularly scheduled staff, who possess “verified competencies” in the relevant unit before invoking any staffing hardship exemptions. While this requirement is well-intentioned, the bill does not define what constitutes a “verified competency.” Without clear standards, enforcement by the California Department of Public Health (CDPH) will vary across regions, and hospitals may interpret the term in ways that satisfy technical compliance without ensuring clinical readiness. For example, a hospital might designate a nurse as “competent” in a unit based solely on minimal orientation or outdated training records, rather than recent hands-on experience. This creates a loophole that not only weakens the law’s accountability structure but places patient safety at risk, particularly in high-acuity areas like intensive care and emergency departments.

Numerous studies have shown the dangers of floating underprepared nurses. A 2023 study in the *Journal of Nursing Administration* found that **floating nurses without current unit-specific competencies led to small clinical errors that escalated into more serious safety events**, especially in ICU settings. Additional literature confirms that nurses floated into unfamiliar units without structured, ongoing training are more likely to experience stress, commit errors, and compromise patient outcomes. Meanwhile, hospitals with clearly defined floating policies that include verified, recent experience and demonstrated procedural skills show lower rates of adverse events and improved nurse retention. Yet

without a statutory definition, the phrase “verified competencies” remains legally ambiguous, undermining the consistency and credibility of CDPH enforcement.

To address this concern, we provide the following **Amendment Proposal**:

Amend Section 1276.91(d)(3) of the Health and Safety Code to add the following definition:

“Verified competencies,” as used in this section, means documented clinical experience within the past 12 months in the specific unit or specialty area, completion of unit-specific orientation or training, and demonstrated proficiency in core clinical procedures required for that unit, as determined by the hospital’s education department and subject to review by the Department of Public Health.

This amendment explicitly defines “verified competencies” to ensure consistent enforcement, prevent potential misinterpretation, and protect patient safety in high-acuity clinical settings.

SPAN is proud to Support SB 596 If Amended to include this clarification. We respectfully urge the committee to adopt this amendment to enhance the bill’s enforceability and patient safety impact. We are available to provide supporting data, testimony, or further input as needed.

Sincerely,



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Collegiate Ambassador, SPAN



Joel Blessan
Policy research Director, SPAN



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