
SENATE COMMITTEE ON LABOR, PUBLIC EMPLOYMENT AND RETIREMENT
Senator Dave Cortese, Chair
2023 - 2024 Regular

Bill No: SB 525 **Hearing Date:** April 12, 2023
Author: Durazo
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Urgency: No **Fiscal:** Yes
Consultant: Alma Perez-Schwab

SUBJECT: Minimum wage: health care workers

KEY ISSUES

Should the Legislature adopt a \$25 minimum wage for health care workers to help attract and retain workers in this sector?

Should this \$25 health care worker minimum wage be linked to the U.S. Consumer Price Index to calculate annual minimum wage adjustments?

ANALYSIS

Existing federal law:

- 1) Sets the federal minimum wage at \$7.25 an hour. (Fair Labor Standards Act of 1938, 29 U.S.C. Chapter 8)

Existing state law:

- 2) Sets California's minimum wage at \$15.50 an hour for all employers and specifies that after January 1, 2023, the minimum wage rate will be adjusted annually for inflation based on the national consumer price index for urban wage earners and clerical workers (CPI-W). However, the minimum wage cannot be lowered, even if there is a negative CPI, and the highest raise allowed in any one year is 3.5 percent. Each minimum wage increase must be rounded to the nearest ten cents (\$0.10) and calculated (by the Director of Finance) on August 1st to take effect on January 1st of the following year. (Labor Code §1182.12)
- 3) For purposes of the minimum wage, defines "employer" to mean any person who directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of any person. For purposes of this subdivision, "employer" includes the state, political subdivisions of the state, and municipalities.
- 4) Defines a full workday as 8 hours, and 40 hours as a workweek and requires overtime to be paid at the rate of no less than one and one-half times an employee's regular rate of pay for work performed beyond 8 hours in a day or 40 hours in a week. Furthermore, work performed beyond 12 hours in a day is to be compensated at twice the regular rate of pay. (Labor Code §510)

- 5) Authorizes an exemption from the requirement to pay overtime, as specified, for executive, administrative and professional employees if the employee is primarily engaged in the duties that meet the test of exemption, customarily and regularly exercises discretion and independent judgment in performing those duties, and earns a monthly salary equivalent to *no less than two times the state minimum wage* for full-time employment. (Labor Code §515)
- 6) Empowers the Labor Commissioner's office, within the Department of Industrial Relations, with ensuring a just day's pay in every workplace in the State and promotes economic justice through robust enforcement of labor laws. (Labor Code §79-107)

This bill:

- 1) Makes several findings and declarations regarding workers in the health care industry including that:
 - a. Higher wages are an important means of retaining an experienced workforce and attracting new workers.
 - b. Employers across multiple industries are raising wages and the health care sector must offer higher wages to remain competitive.
 - c. Even before the COVID pandemic, California was facing an urgent and immediate shortage of health care workers, adversely impacting the health and well-being of Californians, especially economically disadvantaged Californians and the pandemic has worsened these shortages.
 - d. The pandemic has worsened these shortages and higher wages are needed to attract and retain health care workers to treat patients.
- 2) On and after January 1, 2024, increases the minimum wage for covered health care employment to not less than twenty-five dollars (\$25) per hour for all hours worked in covered health care employment. This applies to any portion of any worker's time spent working in covered health care employment.
- 3) Provides that following the implementation of the \$25 minimum wage increase, on or before August 1 of that year and annually thereafter, the Director of Finance shall calculate an adjusted minimum wage using the U.S. Bureau of Labor Statistics nonseasonally adjusted U.S. Consumer Price Index, as specified.
 - a. The calculation shall increase the minimum wage by the *greater* of 3.5 percent or the rate of change in the averages of the most recent July 1 to June 30, inclusive, period over the preceding July 1 to June 30, inclusive, period and rounded to the nearest ten cents (\$0.10).
 - b. Each adjusted minimum wage increase calculated under these provisions shall take effect on the following January 1.
 - c. If the rate of change in the averages is negative, there shall be no increase or decrease in the minimum wage the following January 1.
- 4) Specifies that the health care worker minimum wage shall constitute the state minimum wage for covered health care employment for all purposes under the Labor Code and the Wage Orders of the Industrial Welfare Commission.

- 5) Provides that the health care worker minimum wage shall be enforceable by the Labor Commissioner or by a covered worker through a civil action, through the same means and relief available for violation of any other state minimum wage requirement.
- 6) Specifies that where compensation is on a salary basis, the employee shall earn a monthly salary equivalent to no less than two times the health care worker minimum wage in order to qualify as exempt from the payment of minimum wage and overtime, including where the employer is the state, a political subdivision of the state, the University of California, or a municipality.
- 7) Defines “covered health care employment” to mean any of the following:
 - a. *All paid work performed on the premises* of any covered health care facility, regardless of the identity of the employer.
 - b. All paid work providing health care services performed for any person that owns, controls, or operates a covered health care facility, regardless of work location.
- 8) Specifies that “covered health care employment” does not include:
 - a. Employment as an outside salesperson.
 - b. Any work performed in the public sector where the primary duties performed are not health care services.
- 9) Defines “covered health care facility” to mean any of the following:
 - a. A facility or work site that is part of an integrated health care delivery system, as defined.
 - b. A licensed general acute care hospital, as defined.
 - c. A licensed acute psychiatric hospital, as defined.
 - d. A special hospital, as defined.
 - e. A licensed skilled nursing facility, as defined.
 - f. A public health jurisdiction, as defined.
 - g. A patient’s home when health care services are delivered by an entity owned or operated by a general acute care hospital or acute psychiatric hospital.
 - h. A licensed home health agency, as defined.
 - i. A clinic, as defined, including a primary care, specialty care, or dialysis clinic.
 - j. A psychology clinic, as defined.
 - k. A licensed residential care facility for the elderly, as defined, if affiliated with an acute care provider or owned, operated or controlled by a general acute care hospital, acute psychiatric hospital, or the parent entity of such.
 - l. A psychiatric health facility, as defined.
 - m. A mental health rehabilitation center, as defined.
 - n. A community clinic, as defined, an intermittent clinic, as specified, a clinic operated by the state or any of its political subdivisions, including, but not limited to, the University of California or a city or county that is exempt from licensure, as specified, a tribal clinic, as specified, or an outpatient setting conducted, maintained, or operated by a federally recognized Indian tribe, tribal organization, or urban Indian organization, as defined.
 - o. A rural health clinic, as defined in paragraph (1) of subdivision (l) of Section 1396d of Title 42 of the United States Code.
 - p. An urgent care clinic, as defined.
 - q. An ambulatory surgical center certified to participate in the Medicare program, as specified.

- r. A physician group, as defined.
 - s. A county correctional facility that provides health care services.
 - t. A county mental health facility.
- 10) Defines “employee” to mean any person employed by the employer.
- 11) Defines “employer” as a person who directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of any person including the state, political subdivisions of the state, the University of California, and municipalities.
- 12) Defines “health care services” as patient care-related services including nursing; caregiving; services provided by medical residents, interns, or fellows; technical and ancillary services; janitorial work; housekeeping; groundskeeping; guard duties; business office clerical work; food services; laundry; medical coding and billing; call center and warehouse work; scheduling; and gift shop work; but only where such services directly or indirectly support patient care.
- 13) Provides that the bill’s provisions are severable and if any provision or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

COMMENTS

1. Background on Minimum Wage in California, Federally and in Other States:

Enacted in 1938, the Fair Labor Standards Act (FLSA) created the framework governing workplaces today including restriction on child labor, establishing a standardized workday and providing for overtime pay. The FLSA also established a national minimum wage for workers in the United States, creating a guaranteed wage floor but not precluding states from enacting their own minimum wage rates. Beginning in the 1980s and 1990s, the federal minimum wage saw few significant increases which led to more than half of the states to enact higher state-level minimum wages, including California.

According to the National Conference of State Legislature, as of October 24, 2022, 29 states and the D.C. have minimum wages above the federal minimum wage of \$7.25 per hour. Additionally, they note¹:

- Five states do not have a state minimum wage: Alabama, Louisiana, Mississippi, South Carolina, and Tennessee. Two states, Georgia and Wyoming, have a minimum wage below \$7.25 per hour. In all seven of these states, the federal minimum wage of \$7.25 per hour applies.
- Nineteen states began 2021 with higher minimum wages than in previous years. Nine states—Alaska, Arizona, Colorado, Maine Minnesota, Montana, Ohio, South Dakota, and Washington—automatically increased their rates based on the cost of living, while 10 states—Arkansas, California, Illinois, Maryland, Massachusetts, Missouri,

¹ <https://www.ncsl.org/labor-and-employment/increasing-the-minimum-wage>

- New Jersey, New Mexico, New York, and Vermont—increased their rates due to previously approved legislation or ballot initiatives.
- At least 34 states are considering legislation to increase the minimum wage, with 29 states proposing an incremental increase to \$15 an hour or more.
 - Nine states and the District of Columbia have enacted legislation or passed ballot measures incrementally increasing the state minimum to \$15.

Minimum Wage in California

California first established a statewide minimum wage in 1916, and has increased the minimum wage several times over the years. California's current minimum wage is \$15.50 per hour [which was enacted pursuant to SB 3 (Leno, Chapter 4, Statutes of 2016)]. SB 3 increased the minimum wage from \$10 an hour to the current \$15.50 in a phased in approach (increasing the wage by .50 cents when first enacted and then by \$1 each year until reaching \$15). SB 3 also included a slower timeline for the incremental increases for employers of 25 or fewer employees. Additionally, after January 1, 2023, the minimum wage will be increased annually from the seasonally adjusted U.S. Consumer Price Index, but no more than 3.5% in a year, with the resulting amount rounded to the nearest \$0.10. The increase is to be calculated on August 1st to take effect on January 1st of the following year.

Some cities in California have established minimum wages that are higher than the current statewide minimum wage. For example, the cities of Cupertino, El Cerrito, Emeryville, Los Altos, Palo Alto, Petaluma, Redwood City, San Jose, Santa Clara, Santa Rosa, Sonoma, Sunnyvale and West Hollywood all have minimum wages higher than \$17 per hour. San Francisco is at \$16.99 and Los Angeles \$16.04. The city of Mountain View has the highest minimum wage at \$18.15 an hour.

HealthCare Worker Minimum Wage

Since the start of 2022, spearheaded by SEIU-United Health Workers, several California cities have passed or introduced ordinances for a \$25 an hour minimum wage for healthcare workers. Among others, the list includes the cities of Los Angeles, Long Beach, and Downey. These ordinances, however, have been challenged and put on hold after petitions for referendum were submitted to instead put the matter before city voters. Because the measures are city ordinances, they wouldn't apply to state- and county-run medical facilities, only private hospitals and clinics. Opponents argued that these ordinances will amplify disparities in the healthcare system and create staffing shortages at community clinics, nursing homes and public health care providers. Several of these have been certified and will appear on their next city election ballots.

In November of 2022, voters in the city of Inglewood passed Measure HC, setting a citywide \$25 minimum wage for healthcare workers going into effect in January 1, 2024. The new \$25.00 minimum wage applies to private-sector healthcare workers who work in hospitals, integrated health systems, and dialysis clinics in Inglewood.

Most recently, in February of this year, the city of Lynwood voted to approve a \$25 minimum wage for healthcare worker ordinance to take effect May 22.

2. Background: Cost of Living in California

According to a University of California Berkeley, Labor Center report which provides an analysis of living wages in California, “Based on the MIT living wage calculator², which measures income adequacy by accounting for both family composition and geography, the 2022 self-sufficiency wage in California for

- A single adult is \$21.24
- A family with two working adults and two children is \$30.06
- A family with one working adult and one child is \$43.33”³

3. What is the U.S. Consumer Price Index (CPI)?

Existing law, and this bill, tie minimum wage increases to inflation by using the U.S. Bureau of Labor Statistics nonseasonally adjusted U.S. Consumer Price Index to calculate increases. CPI is a measure of the average change over time in the prices paid by urban consumers for a market basket of consumer goods and services. This market basket is based on 200 categories in eight major goods and services groups including food, housing, apparel, transportation, medical care, recreation, education and communication and other goods and services.

The CPI is calculated by the United States Department of Labor every year from detailed spending information from families and individuals. The specific CPI index used for annual minimum wage increases is *Consumer Price Index for Urban Wage Earners and Clerical Workers* (CPI-W), which is a subset of the total CPI. CPI-W measures spending for families and individuals where more than one-half of the household's income comes from clerical or wage occupations, and at least one of the household's earners has been employed for at least 37 weeks during the previous 12 months. The CPI-W population represents about 28 percent of the total U.S. population. As such, CPI-W can be seen as a cost-of-living index for the purchase price of goods and services, such as food, clothing, and housing.

4. \$18 Minimum Wage in California Initiative:

An initiative cleared for the November 2024 ballot, The Living Wage Act, would increase the state minimum wage to \$18 an hour over several years. Like SB 3, the ballot initiative would increase the minimum wage at different speeds depending on whether an employer has 26 or more workers or 25 or less workers. For employers with 26 or more employees, the minimum wage would reach \$18 on January 1, 2025. For employers with 25 or less, the minimum wage would reach \$18 on January 1, 2026. Also like SB 3, the minimum wage would be tied to inflation adjustment (CPI-W) after reaching \$18 (capped at 3.5 percent per year) beginning in 2027.

5. State of California’s Health Care Workforce and Need for this Bill:

According to the author, “California is facing a healthcare workforce crisis. Prior to the pandemic, California was facing a shortage of 500,000 healthcare workers to care for our

² Glasmeier, Amy K. Living Wage Calculator. 2023. Massachusetts Institute of Technology. [Livingwage.mit.edu](https://livingwage.mit.edu)

³ Farmand, Aida; Challenor, Tynan; Hunter, Savannah; Lopezlira, Enrique; and Jacobs, Ken. *State workers struggle to make ends meet throughout California; Women, Black, and Latino workers are disproportionately affected.* March 15, 2023. <https://laborcenter.berkeley.edu/state-workers-struggle-to-make-ends-meet-throughout-california/>

aging population.⁴ Now, after facing the trauma and dangerous working conditions of the pandemic, many are struggling with low pay and poor working conditions. Huge numbers of healthcare workers are leaving the field and many others are thinking about it: 31% report that they are considering leaving the profession altogether.⁵

The impacts of the staffing crisis are being felt by healthcare workers and those they care for. In a survey of over 30,000 healthcare worker members of SEIU-UHW, 83% of respondents said their department is understaffed.⁶ Staffing shortages have a direct impact on patient care: the number of central line-associated bloodstream infections increased 28% in the second quarter of 2020 compared to the same period in 2019, while rates of patient falls rose by 17% and pressure injuries increased by nearly 42% at skilled nursing facilities during the same period.⁷

The author further states that, “In California, a living wage for a single adult with zero kids is \$21.24 per hour.⁸ This amounts to almost \$44,179 annually for a single adult with no children while the typical annual salary of healthcare support workers is \$32,944.⁹ As it relates to housing in Los Angeles County, \$25 per hour qualifies workers for subsidized very low-income housing with an individual having to make more than \$59,550.”

According to the author, “raising the minimum wage for all healthcare workers statewide will help retain staff who were considering leaving. Higher wages will also help restore healthcare jobs to the status of a job a person can support a family with, attracting more workers and bolstering efforts to fill the huge shortage of healthcare workers our state is facing.”

6. Proponent Arguments:

SEIU California is sponsoring the measure arguing, among other things that “Care work has historically been undervalued by society. A recent report on the California nursing home workforce characteristics found that 1 out of every 2 Skilled Nursing Facility workers earns less than \$20 per hour. These workers are also primarily women (81%) and workers of color (77%), with almost half of them identified as Hispanic.” The sponsors further note that, “Almost 20% of healthcare support workers experience food insecurity, which tends to be highest among women, households with children, and people of color. The rise in inflation has risen rapidly and continues to disproportionately strain working people. Following the inflation surge of June 2022, the U.S. minimum wage dipped to its lowest level in real dollars since 1956. SB 525 would address the systemic undervaluing of care work and elevate this majority women workforce out of poverty.”

The California Labor Federation is also in support and argues that, “During the pandemic, health care workers worked every day knowing that they were risking their lives and the lives

⁴ <https://www.mercer.us/content/dam/mercero/assets/content-images/north-america/united-states/us-healthcare-news/us-2021-healthcare-labor-market-whitepaper.pdf>

⁵ <https://morningconsult.com/2021/10/04/health-care-workers-series-part-2-workforce/>

⁶ https://seiuuhw.wpenginepowered.com/wp-content/uploads/2022/05/2022-04_Report_Staffing-Survey-10.1_DIGITAL.pdf

⁷ <https://www.usnews.com/news/health-news/articles/2022-07-28/staff-shortages-choking-u-s-health-care-system>

⁸ <https://livingwage.mit.edu/states/06>

⁹ [Living Wage Calculator - Living Wage Calculation for California \(mit.edu\)](https://livingwagecalculator.mit.edu/)

of their loved ones. They worked despite the lack of personal protective equipment, the punishing workloads, and the trauma of working through a deadly pandemic. The toll of the pandemic has driven health care workers out of the field in greater numbers than those entering it.” They further write, “The exodus of experienced health care workers has turned a workforce shortage into a full-blown health care staffing and patient care crisis. Workforce shortages and instability result in longer wait times, decreased quality of care, and worsens existing health disparities as low-income communities of color bear the burden of staffing shortages.”

Regarding the opposition by the California Nurses Association, the California Labor Federation states, “We support raising the minimum wage and also hope that the concerns raised by the California Nurses Association can be addressed as the bill moves forward to address the needs of all health care workers.”

Proponents conclude by stating that, “California has made it a priority to ensure accessible, affordable, and equitable health care to all Californians. The state cannot meet that goal without a stable health care workforce. SB 525 will bolster efforts to fill the huge shortage of health care workers that our state is facing by ensuring that health care workers are compensated fairly. A \$25/hour health care industry minimum wage will ensure that the state can attract and retain the workforce needed to provide high-quality, accessible care to all Californians.”

7. Opponent Arguments:

The measure is opposed by several healthcare provider organizations including the California Hospital Association (CHA), which argues that, “In the aftermath of the COVID-19 pandemic, health care providers in California are in dire financial straits. One major hospital has already closed, others are on the brink, and more than half are losing money every day to care for patients.”

Additional opposition argues that, “by focusing on one sector at the expense of others, SB 525 leaves behind millions of essential workers who will also face higher costs to cover the increased wages for those in the health sector. This is inequitable and in direct conflict with fair wage principles.” They also argue that, “SB 525’s added costs will force health providers to cut hours, positions and services. With fewer positions and potentially fewer providers, health care professionals will have fewer opportunities, be at heightened risk of job loss, and have less flexibility in the positions that are available.”

The California Chamber of Commerce is opposed to the measure arguing that, SB 525’s “broad language covers employers of all sizes outside of the health care sector, including those who may employ any worker who sets foot on the premises of a health care facility or who performs any “health care service” for a facility. These services are broadly defined to include janitorial staff, food service, laundry, and more. The astronomical increase in labor costs that will result from SB 525 is simply not sustainable.” They further argue that “Labor costs are already approximately 60% of the cost of providing care and SB 525 will cause tremendous strain on health care facilities’ limited financial resources. Not only would it require them to raise minimum wages and salaries, but inevitably it will require them to increase the wages of workers who are presently making more than minimum wage. Healthcare facilities will be required to do this every year in light of SB 525’s steep wage escalation clause.”

The California Nurses Association is opposed unless amended to exempt RNs from the scope of the bill. They argue that, “the inclusion of RNs in this bill will ultimately lower the wage floor for RNs, encouraging employers to propose takeaways on wages during bargaining. California RNs are currently among the highest paid in the nation well above the proposed \$25 minimum hourly wage for health care workers in SB 525. According to the U.S. Bureau of Labor Statistics, the median hourly wage for California RNs is \$60.26, while RNs in the lower 10th percentile make \$37.53. In other words, one would be extremely hard pressed to identify anyone working as an RN in California who makes below \$25/hour.” CNA is “concerned that setting a health care-specific minimum wage for RNs well below current RN wages will signal to employers that the legislature is giving them a green light to reduce RN wages.” Furthermore, they argue that, “with SB 525, corporate health care would take the opportunity to start offering new non-union positions where RNs make \$25/hour, potentially in concert with moves towards telehealth, acute hospital care at home, as well as increases in the use of temporary and “gig” RNs. Health care employers constantly seek new ways to cut RN staffing costs, which are often dangerous for both nurses and patients.” Lastly, CNA argues that, “as union nurses, CNA members fight tirelessly to win and protect wages and benefits through collective bargaining agreements” and “placing negotiations over health care worker wage floors into the legislative process could result in trade-offs in workplace rights that CNA nurses would never accept at the bargaining table.”

Additional opposition comes from community health centers (CHCs) who argue, “because Community Health Centers primarily serve patients enrolled in publicly funded health coverage programs, CHCs are paid for the care they provide through a complex structure governed by state and federal law. Federally Qualified Health Centers (FQHCs) are paid a predetermined rate through PPS that encompasses reimbursement for a set of eligible services provided during a single visit.” They state that, “current law only allows a CHC to change their reimbursement rate through a change in scope of service request (CSOSR), under strict circumstances. Those ‘triggering events’ do not include state-mandated wage increases. The Centers for Medicare and Medicaid Services (CMS) strictly prohibits a CSOSR that is exclusively due to increased costs (including wages).”

In practice, CHCs argue, “PPS places CHCs on a ‘fixed income’ that is not easily modified to meet industry pressures or state-mandated wage increases. They also argue that the bill’s annual inflation increases, “would create cost pressures not supported by federal or state law.” They also raise concerns with the exempt employees’ salary threshold which “would require any salaried employee to make at least \$104,000 per year” and with the timeline of the increase in the bill arguing that, “if approval was secured, at the earliest, a January 1, 2026, implementation date would be required.”

8. Staff Comment:

As currently written, the definition for “covered health care employment” would make the \$25 minimum wage requirement apply to “**all paid work** performed on the premises of any covered health care facility, **regardless of the identity of the employer.**” This broad definition could capture anything from a UPS or FedEx delivery to a DoorDash food delivery, as long as it was happening on the facility premises, it would have to be compensated at the \$25 minimum wage. *Committee staff recommends clarification amendments to make clear that the minimum wage requirement applies to direct employees of the covered health care facility.*

The author may wish to address this concern with the following amendments:

(1) (A) “Covered health care employment” means any of the following:

(i) All paid work performed on the premises of any covered health care facility, regardless of the identity of the employer.

(ii) All paid work providing health care services performed for any person that owns, controls, or operates a covered health care facility, regardless of work location.

B) Notwithstanding subparagraph (A), “covered health care employment” does not include:

(i) Employment as an outside salesperson.

(ii) Any work performed in the public sector where the primary duties performed are not health care services.

(iii) Delivery work on the premises of a covered health care facility, provided that the delivery worker is not an employee of any person that owns, controls or operates a covered health care facility.

Community Health Center Concerns:

As noted above, community health centers (CHCs) raise legitimate concerns regarding the structure under which they are paid. The Prospective Payment System (PPS) is a method of reimbursement in which payment is made based on a predetermined, fixed amount. CHCs are paid for the care they provide through this financing structure. This issue is outside this Committee’s expertise or jurisdiction, however, if, as the opponents suggest, they are limited in their ability to include state mandated wage increases as a reason for seeking a higher reimbursement rate, then there appears to be a problem. *Committee recommends seeking counsel from state and federal experts who may be able to help identify ways to address this concern.*

Concern Regarding Impact on Nurses

As noted above, the California Nurses Association is opposed and seeking an amendment that exempts RNs from the scope of the bill. They argue that this \$25 minimum wage will ultimately lower the wage floor for RNs, encouraging employers to propose takeaways on wages during bargaining. They also contend that California RNs are currently among the highest paid in the nation well above the proposed \$25 minimum hourly wage proposed in this bill. The author and sponsors argue that there are some nurses in California making less than \$25 an hour and provided committee with an analysis, which found “the bottom 10th percentile wage in Anaheim-Santa Ana-Irvine metropolitan district is \$24.46, and in Santa Maria-Santa Barbara MSA is \$24.45.”

9. Prior/Related Legislation:

SB 639 (Durazo, Chapter 339, Statutes of 2021) requires the development of a plan to phase out the use of the subminimum wage certificate program, which authorizes employers to pay less than minimum wage for employees with physical or mental disabilities, as defined, by January 1, 2025.

SB 3 (Leno, Chapter 4, Statutes of 2016), among other things, increased the state minimum wage to \$15 per hour, in an incremental timeline from \$10 to \$15, and indexed the minimum wage to inflation thereafter, as specified.

AB 10 (Alejo), Chapter 351, Statutes of 2014 increased the minimum wage to \$9.00 an hour on July 1, 2014 and to \$10.00 an hour on January 1, 2016.

SUPPORT

SEIU California (Sponsor)
AFSCME Local 3299
American Medical Student Association
Antelope Valley African American Leadership Council
Ascend Learning
Asian Americans Advancing Justice-southern California
Asian Democrats of Los Angeles County
California Advocates for Nursing Home Reform (CANHR)
California Immigrant Policy Center
California Labor Federation, AFL-CIO
California League of United Latin American Citizens
California Pan - Ethnic Health Network
California Physicians Alliance
California Professional Firefighters
Central Coast Labor Council
Central Labor Council of Contra Costa County (AFL-ICO)
Central Labor Council, Fresno-Madera-Tulare-Kings Counties, AFL-CIO
City of La Mesa
City of Lynwood
Clergy and Laity United for Economic Justice
Councilmember Monterey Park Henry Lo
Councilmember Lynwood Juan Munoz-Guevara
County of Monterey
Courage California
Dolores Huerta Foundation
East Bay Alliance for A Sustainable Economy
End Poverty in California (EPIC)
Ensuring Opportunity Campaign to End Poverty in Contra Costa County
Fresno Barrios Unidos
Indivisible San Jose
Justin Cummings, Supervisor Third District, County of Santa Cruz
Los Angeles Alliance for A New Economy (LAANE)
Latino and Latina Roundtable of The San Gabriel and Pomona Valley
Latino Medical Student Association
Lawyers' Committee for Civil Rights of The San Francisco Bay Area
Let's Green Ca!
Los Angeles County Young Democrats
MILPA (Motivating Individual Leadership for Public Advancement)
Monterey Bay Central Labor Council, AFL-CIO

Monterey County Office of Supervisor Luis A. Alejo
Napa-Solano Labor Council, AFL-CIO
North Bay Labor Council
North Valley Labor Federation
Office of Mario Trujillo, Mayor Pro Tem Downey
Organize Sacramento
Physicians for National Health Program - California
Sacramento City Councilmember Mai Vang
San Mateo County Central Labor Council
Santa Ana; City of
SEIU - United Healthcare Workers
Silicon Valley Democratic Club
Silicon Valley Rising Action
South Bay Labor Council
Sunrise Silicon Valley
Supervisor Terra Lawson-Remer, County of San Diego Board of Supervisors
Techequity Collaborative
The San Fernando Valley Young Democrats
UAW Local 2865
UAW Local 5810
UC Merced Community and Labor Center
Ventura County Clergy and Laity United for Economic Justice
Western Center on Law & Poverty, INC.
Working Partnerships USA (UNREG)
Individual Support Letters: 4

OPPOSITION

Alliance of Catholic Health Care
AltaMed Health Services
Altura Centers for Health
America's Physician Groups
Association of California Healthcare Districts
Association of Independent California Colleges and Universities
Aveanna Healthcare
Axis Community Health
Barton Health
Brea Chamber of Commerce
CA Chapter of The American College of Cardiology
California Chamber of Commerce
California Assisted Living Association
California Association of Health Facilities
California Association for Health Services At Home
California Business Properties Association
California Chapter American College of Cardiology
California Children's Hospital Assn
California Dialysis Council

California Health+ Advocates, Subsidiary of the California Primary Care Association
California Hospital Association
California Medical Association
California Nurses Association/National Nurses United
California Orthopedic Association
California Podiatric Medical Association
California Radiological Society
California Retailers Association
California Rheumatology Alliance
California Senior Advocates League
California Society of Plastic Surgeons
California State Association of Counties
California Taxpayers Association
California Taxpayers Association (CALTAX)
Carlsbad Chamber of Commerce
Choc Children's (Children's Hospital of Orange County)
Clinica Sierra Vista
Coalition of California Chambers – Orange County
Community Health Association of Inland Southern Region
Communicare Health Centers
Community Health System
Corona Chamber of Commerce
County of Kern
District Hospital Leadership Forum
Enloe Medical Center
Family Health Centers of San Diego
Fontana Chamber of Commerce
Fresno American Indian Health Project
Gardner Family Health Network, Inc.
Gilroy Chamber of Commerce
Golden Valley Health Center
Greater Coachella Valley Chamber of Commerce
Greater High Desert Chamber of Commerce
Greater San Fernando Valley Chamber of Commerce
Grossmont Healthcare District
Health Alliance of Northern California
Health Center Partners of Southern California
Hill Country Community Clinic
Huntington Beach Chamber of Commerce
Huntington Health
Independent Physical Therapists of California
Kaweah Delta Health Care District
Kern Medical
LA Cañada Flintridge Chamber of Commerce and Community Association
La Clinica de la Raza, Inc.
Latinx Physicians of California
LeadingAge California
Lifelong Medical Care
Mad River Community Hospital
Marshall Medical Center

Mayers Memorial Healthcare District
Mee Memorial Healthcare System
Mountain Communities Healthcare District
Murrieta Wildomar Chamber of Commerce
National Federation of Independent Business (NFIB)
Neighborhood Healthcare
North Coast Clinics Network
Northeast Valley Health Corporation
Northbay Healthcare
Oceanside Chamber of Commerce
Ole Health
Orange County Business Council
Orchard Hospital
Pacific Association of Building Service Contractors
Palo Verde Hospital
Palos Verdes Peninsula Chamber of Commerce
Paso Robles Chamber of Commerce
Pih Health
Pomona Valley Hospital Medical Center
Private Essential Access Community Hospitals
Ridgecrest Regional Hospital
Roseville Area Chamber of Commerce
Rural County Representatives of California
Salinas Valley Health
San Deigo Regional Chamber of Commerce
San Diego Regional Chamber of Commerce
San Juan Capistrano Chamber of Commerce
Santa Barbara South Coast Chamber of Commerce
Santa Clarita Valley Chamber of Commerce
Santee Chamber of Commerce
Seneca Healthcare District
Shasta Community Health Center
Sierra View Medical Center
Simi Valley Chamber of Commerce
South County Chambers of Commerce
Southern California University of Health Sciences (SCUHS)
Southwest California Legislative Council
St. Jude Neighborhood Health Center
T.H.E. (To Help Everyone) Health and Wellness Center
Tahoe Forest Health System
Temecula Valley Hospital
Templeton Chamber of Commerce
Torrance Area Chamber of Commerce
Tri County Chamber Alliance
Tulare Chamber of Commerce
United Hospital Association
University of California Health
Urban Counties of California (UCC)
Valley Children's Healthcare

Valley Community Healthcare
Vista Chamber of Commerce
Westside Council of Chambers of Commerce (WC3)

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