

NO ON THE

UNEQUAL PAY

MEASURES
INEQUITABLE. COSTLY. RISKY.



Unequal Pay Measures Are Inequitable for Workers, Harmful for Patients and Risky for Our Communities

SEIU-UHW has filed 10 **risky and inequitable** ballot initiatives in 10 cities aimed for the November 2022 ballot.

- Anaheim
- Los Angeles
- Long Beach
- Culver City
- Duarte
- Downey
- Inglewood
- Monterey Park
- Baldwin Park
- Lynwood

These measures would set new, arbitrary pay requirements for *some* health care workers in *some* health care facilities in only these cities, while **excluding thousands of health care workers doing the same jobs**. We all agree health care workers are heroes, but these measures are deeply flawed, inequitable, and will hurt workers and patients.

Here's why a broad coalition of health care providers and community organizations oppose these measures:



Measures are inequitable, arbitrary and discriminatory.

- The measures would set a new \$25/hr minimum wage standard for certain workers at private hospitals, hospital-based facilities and dialysis clinics, but completely **exclude** workers who do the exact same job at public hospitals, clinics, and health care facilities, including all University of California and county hospitals and clinics.
- The measures also completely **exclude** workers at health care facilities not affiliated with hospitals, including community health clinics, Planned Parenthood clinics, nursing homes, medical centers, and more.
- The measures apply to non-clinical workers like janitors, housekeepers and landscapers at hospital-based facilities, but **exclude** clinical workers like nursing assistants, medical technicians, and other workers in non-covered facilities.
- In fact, the vast majority of health care workers in each city are excluded by the measures.



Measures deepen inequities in our health care system and jeopardize access to care.

- These measures mandate higher wages for workers at private health care facilities but provide zero increases for workers at public hospitals and smaller clinics that primarily serve uninsured and disadvantaged communities. This will lead to workforce shortages at smaller clinics and public health care facilities, **jeopardizing access and quality of care for Southern California's most disadvantaged and already underserved communities.**
- Because these measures would significantly increase costs by hundreds of millions of dollars every year for health care providers already struggling due to the pandemic, they will force many hospitals, clinics, and other providers in Southern California to cut back services or even close, putting patients at risk and forcing them to travel farther for vital services like maternity care, behavioral health, cancer care, and more.



Measures would increase costs to consumers and patients who are already struggling to make ends meet.

- These measures would **increase health care costs** throughout Southern California by **hundreds of millions of dollars every year** – translating to higher costs for insurance and medical copays for families already struggling to deal with the high cost of living.



Measures put city bureaucrats in charge of policing wages.

- City officials are having a difficult time addressing pressing problems like homelessness, crime, and high housing prices. **The last thing we should do is put these same city governments in charge of enforcing arbitrary and inequitable wage policies** for thousands of employees when they are struggling to address core issues that affect everyone.



Health care workers receive strong pay and benefits that reflect and recognize their special role.

- Hospitals and health care providers go to great lengths to pay all health care workers competitive, living wages with strong benefits.
- In fact, the average nurse working in a Southern California hospital earns \$57 per hour, the average clinical worker earns \$28 per hour, and the average non-clinical worker in a hospital earns approximately \$18 per hour.
- We all agree health care workers are heroes. But these deeply flawed measures are inequitable, costly and will jeopardize access to care for patients.

Arbitrary Exclusions Are Inequitable & Make No Sense

|  INCLUDED |  EXCLUDED |
|---|---|
| <u>Clinician</u> at private hospital | <u>Clinician</u> at county hospital |
| <u>Patient care technician</u> at dialysis clinic | <u>Patient care technician</u> at Planned Parenthood clinic |
| <u>Certified Nursing Assistant (CNA)</u> at private hospital | <u>Certified Nursing Assistant (CNA)</u> at public hospital |
| <u>Aide</u> at private hospital-based clinic | <u>Aide</u> at community clinic (FQHC) |
| <u>Technician</u> at private hospital | <u>Technician</u> at county hospital |
| <u>Maintenance worker</u> at private hospital | <u>Maintenance worker</u> at public hospital |
| <u>Janitorial or housekeeping staff</u> at private hospital | <u>Janitorial or housekeeping staff</u> at county hospital |
| <u>Groundskeeper</u> at private dialysis clinic | <u>Groundskeeper</u> at community clinic |
| <u>Security guard</u> at private hospital | <u>Security guard</u> at University of California hospital |
| <u>Food service worker</u> at private hospital | <u>Food service worker</u> at county hospital |
| <u>Laundry worker</u> at private hospital | <u>Laundry worker</u> at public hospital |
| <u>Pharmacy worker</u> at private hospital | <u>Pharmacy worker</u> at University of California hospital |
| <u>Administrative worker</u> at private dialysis clinic | <u>Administrative worker</u> at public dialysis clinic |
| <u>Business office clerical worker</u> at hospital-based clinic | <u>Business office clerical worker</u> at community clinic (FQHC) |

FQHC: Federally Qualified Health Center

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