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September 30, 2022

Greg Adams, Chair and CEO
Kaiser Foundation Health Plan, Inc. and Hospitals
1 Kaiser Plaza
Oakland, CA 94612

Dr. Richard Issacs, CEO and Executive Director
The Permanente Medical Group, Inc.
1950 Franklin St.
Oakland, CA 94612

Dear Mr. Adams and Dr. Issacs:

I am writing to express my serious concern regarding the ongoing strike of Kaiser mental health clinicians represented by the National Union of Healthcare Workers (NUHW) in Northern California who have been without a contract since last September. It is encouraging to know that both parties have reached agreement on wages. However, critical issues such as clinician staffing levels, administrative time and patient wait times for appointments remain.


The COVID-19 pandemic has heightened the need for high quality mental health care and substance use disorder treatment in Northern California across the Nation. Indeed, a recent Centers for Disease Control (CDC) survey found that symptoms of anxiety and depressive disorders tripled from 10.8 percent in 2019 to 32.2 percent in 2021.

California's new mental health law SB 221, which took effect July 1, 2022, requires health insurers and HMOs, including Kaiser, to provide follow-up therapy appointments within 10 business days unless a patient's therapist determines that a longer wait will not be detrimental. However, the American Psychological Association reports that Kaiser patients are routinely waiting four-to-eight weeks between therapy appointments. Further, NUHW has provided evidence that Kaiser's internal booking system shows that patients in Sacramento and parts of the Bay Area and Central Valley have waited more than two months for follow-up appointments after their initial mental health assessments.

Kaiser has failed to increase staffing amid surging demand for mental health care. Currently, Kaiser only staffs the equivalent of one mental health clinician for every 2,600 of its members in Northern California, despite there being high concentrations of mental health clinicians in areas where Kaiser operates and no evidence of a statewide shortage. In addition, Kaiser's rate of attrition for mental health clinicians has doubled in the last year, from 8 percent to 16 percent. A recent NUHW survey of departing clinicians found that 85 percent said they had an unsustainable caseload and/or not enough time to complete their assigned work. Meanwhile, 76 percent said their inability to "treat patients in line with standards of care and medical necessity" was a factor in their decision to leave.

As one of America's largest not-for-profit health systems and the largest private employer in California, Kaiser has the responsibility to ensure access to timely, high-quality mental health care and treatment for patients, as well as a supportive, efficient and dignified work environment for their clinicians. I join NUHW and the Kaiser mental health clinicians it represents in calling for a contract that addresses understaffing and unmanageable workloads by providing an additional 30 minutes per day to perform patient care tasks outside of face-to-face appointments, allow clinicians to stop taking new patients when they are unable to see existing patients within two weeks as required under state law, and improving return access by setting a ratio of one appointment for a new patient for every six appointments with returning patients.

I strongly urge both parties to return to the bargaining table immediately to resolve any outstanding issues and reach a swift settlement.

best regards,

NANCY PELOSI
Speaker of the House