FACT SHEET

KAISER'S CONTRACT DEMANDS THREATEN QUALITY OF BEHAVIORAL HEALTHCARE FOR SAN FRANCISCO RESIDENTS AND WORKERS

The National Union of Healthcare Workers represents 2,400 psychologists, social workers, and marriage and family therapists negotiating a new contract in Kaiser Permanente's Northern California region. While clinicians are seeking modest improvements to help improve access to care, Kaiser is seeking radical changes that would undo patient care protections clinicians won through a 10-week strike in 2022, deprive clinicians of any voice in Kaiser's model of care, and set the stage to lay off clinicians, subcontract more care outside the Kaiser system, and push patients onto AI-based protocols. We ask Supervisors to stand with clinicians in telling Kaiser to drop its "Terrible Three" proposals.

San Francisco Impact
Kaiser is the largest private behavioral health provider in San Francisco, insuring 28 percent of all city residents and 55 percent of all active and retired city employees and their dependents who receive health benefits through the San Francisco Health Service System. Kaiser's proposals would degrade the quality of care available to San Franciscans and eliminate good-paying behavioral health jobs, forcing more clinicians to depend on third-party contractors that provide lower pay, poorer benefits, and few if any opportunities to advocate effectively for their patients' well-being.

Kaiser's "Terrible Three" Contract Proposals

1. Kaiser is already using AI to replace therapist jobs, and wants to go further

In the recently-negotiated contract for behavioral health professionals in Southern California, Kaiser agreed that the use of new technologies, including artificial intelligence, "is not to replace but to assist bargaining unit employees in providing safe, therapeutic and effective patient care and support." However, Kaiser is refusing to agree to that language in Northern California, telling clinicians it needed "flexibility" when they asked if their jobs might be replaced. Kaiser is now promoting a powerless "AI Committee," for which Kaiser could veto the union's appointments and completely ignore committee recommendations.

Kaiser is already using AI for triage that had previously only been done by licensed therapists. Triage is now performed mostly by unlicensed call center operators who ask scripted questions and feed answers into an AI algorithm, or through online questionnaires, which Kaiser calls an e-visit, that use an algorithm to determine the level and urgency of any required treatment. NUHW believes these acts to be in violation of state law, and has a DMHC complaint pending.

2. Kaiser wants to be able to lay off therapists and further outsource care

Kaiser is proposing to eliminate existing contract language stating that the use of non-Kaiser therapists to meet timely access standards "will NOT result in the elimination" of employed clinicians. Instead, Kaiser is proposing that its use of "outside providers" may "result in the elimination" of Kaiser therapists, and even details severance packages for clinicians who may be laid off. This would give Kaiser a green light to further subcontract mental health services to unaccountable, outside networks, whose therapists can't easily communicate with the rest of Kaiser's care team, belying its commitment to parity by relegating behavioral health care to the status of a separate and inferior service severed from Kaiser's integrated healthcare system.

3. Kaiser wants total control to determine how care is provided

For the first time, Kaiser is demanding a provision giving it "sole discretion" to "determine or modify the behavioral health operating and clinical models of care." This would force therapists to surrender the clinical authority that they need to do their jobs in compliance with standards of practice and with state law, and it would invite other insurers and employers to do the same.