

# CHA FAQs

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## New Approach to Hospital Seismic Law Protects Communities' Access to Care

**Q: California is vulnerable to a range of disasters. How well are hospitals prepared to respond — whether it's an earthquake, wildfire, flood, mudslide or something else?**

**A:** Because disasters in California are a matter of “when” not “if,” **disaster preparedness is a way of life for hospitals in the Golden State.** Hospitals devote extensive time and resources toward planning, educating, and training to ensure medical care is uninterrupted and patients, staff, and visitors are safe during and after a disaster.

Currently, hospitals must comply with a host of state and federal laws and regulations governing disaster preparedness — including standards set by the Centers for Medicare & Medicaid Services (CMS), Title 22 of the California Code of Regulations, and the National Fire Protection Association, as well as by accrediting organizations such as The Joint Commission.

Under these requirements, **every hospital must have a comprehensive Emergency Operations Plan that identifies known and potential risks and outlines appropriate mitigation strategies.** These plans, which must be updated and reviewed annually by CMS, spell out detailed policies and procedures for ensuring safe patient care following a disaster — including a **process for safely evacuating patients if necessary.**

Hospitals also are required to conduct simulation disaster exercises at least twice a year, which ensure all staff are well-trained and ready to respond when disaster strikes.

California hospitals also must comply with the nation's strictest hospital building requirements — ensuring that **every hospital building in the state remains standing after an earthquake.** Decades of work and billions of dollars have been invested by hospitals across California to upgrade and replace outdated facilities. **As a result, 95% have now met this life-safety standard — and all of California's hospitals will be able to withstand a major earthquake by 2025.**

**Q: Last April, RAND Corporation released a study suggesting that the Legislature consider re-evaluating existing requirements for hospitals to be “fully operational” following an earthquake by 2030. What role did the hospitals play in producing this report?**

**A:** The California Hospital Association helped underwrite the research, but **RAND had independence over its process and findings.** The report's recommendations are important because **RAND Corporation has been, and continues to be, the leading authority on hospital earthquake preparedness in California, having authored the two previous independent studies on the issue in**

**2002 and 2007. Those studies, funded by the California HealthCare Foundation, are considered definitive works on the hospital seismic law.**

The RAND Corporation is a nonprofit research institution that helps improve policy and decision making through independent research and analysis. For seven decades, RAND has used rigorous, fact-based research and objective analysis to help individuals, families, and communities throughout the world be safer and more secure. As a nonpartisan organization, **RAND is widely respected for operating independent of political and commercial pressures.**

**Q: Are California's hospitals saying they can't afford to meet the 2030 requirements? Wouldn't the cost of failing to be "fully operational" after a quake be even greater?**

**A: Hospitals have an unwavering commitment to care for patients following a disaster.** Not every patient, however — even after a disaster — needs to be cared for at a hospital. In many cases, evacuating patients out of the disaster zone is necessary for patient safety.

While hospitals are already required by the California Department of Public Health (CDPH) to have 24 hours of back-up power, and by CMS to have a plan for access to 96 hours of power, **it's not likely that they will be able to fully function after three days if the damage in the broader community is severe.** This may be due to the fact that hospitals are just one component of a community's interconnected infrastructure, which includes roads and bridges, electricity and fuel, food service, and telecommunications.

The RAND report estimates that it will cost hospitals up to \$143 billion to comply with the 2030 standard — and that price tag will be even higher when you factor in financing. That's on top of what has already been invested to ensure the safety of hospital buildings in the state. And if hospitals don't meet this deadline, they will be forced to close their doors.

**The RAND report's findings suggest that lawmakers may want to consider policy alternatives that will make the best use of limited financial resources while still ensuring access to care for all Californians.**

**Q: CHA is sponsoring SB 758 (Portantino, D-La Cañada), which would modify the current 2030 seismic requirements. What specifically would SB 758 do?**

**A: SB 758 is intended to give hospitals the flexibility needed to strengthen post-disaster care to meet the unique needs of their community.**

SB 758 (Portantino) would refocus the "fully operational" standard to the physical areas of the hospital where emergency medical services — including necessary surgical and recovery care — will be provided for 72 hours following an earthquake.

**Q: Hospitals have known for more than 25 years that they would have to meet the "fully operational" standard. And 2030 is still a decade away. Why are you raising these issues now?**

A: Hospital construction projects — between approval, funding, design, and construction phases — take about a decade to complete. **Although 2030 is 10 years away, this is a problem for hospitals today.**

And given that all hospital buildings either now or will soon meet stringent safety standards, the enormous price tag required to meet the current **“fully operational”** standard no longer makes sense.

Today, everyone is concerned about the affordability of health care — and rightly so. Controlling costs is vital. By taking a more reasonable approach to the seismic law, lawmakers can help make hospital care more affordable in the Golden State.

**Q: How would patient services be impacted if the current requirements are not changed?**

A: The current law requires hospital buildings that provide acute-care patient services in California to be **“fully operational”** after a major earthquake by January 1, 2030. Hospitals that don't meet this deadline will be forced to reduce services or close altogether.

That means the very law that is intended to ensure people have access to care after an earthquake strikes may, in fact, force local hospitals to close their doors before the next earthquake occurs.

**Q: Aren't projections of hospital closures and financial risk to other hospitals simply scare tactics in order to circumvent these safety mandates?**

A: More than half of local hospitals must retrofit or replace a building to meet the 2030 requirement, and a **similar number will face significant financial issues if the current outdated seismic safety requirements are not updated.**

According to the RAND study, one-third of hospitals are already in severe financial distress or have the potential for financial trouble. That number could swell to more than 50% if the 2030 seismic requirements are not modified, leaving many communities across the state with reduced access to care.

**Q: If changes are made to the law, can you guarantee access to care will be available following a large quake?**

A: There are no guarantees when it comes to responding to disasters.

Hospitals don't operate in a vacuum. They are just one component of a community's interconnected infrastructure. When a major earthquake strikes, there is likely going to be significant damage throughout the entire community.

California hospitals have worked to make their buildings as safe as possible, based on the latest science and engineering expertise available. Looking forward, hospitals remain committed to taking advantage of new opportunities to maximize safety while addressing cost pressures that could impact access to quality care for all Californians.