

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

### The Issue

Because disasters in California are a matter of “when” not “if,” disaster preparedness is a way of life for California hospitals. **Hospitals must comply with a host of state and federal laws governing disaster preparedness — including standards set by the Centers for Medicare & Medicaid Services and Title 22 of the California Code of Regulations.**

Every hospital must have a comprehensive **Emergency Operations Plan** that identifies known and potential risks and outlines appropriate mitigation strategies. Each hospital’s plan must spell out detailed policies and procedures to ensure safe patient care following a disaster — including the ability to operate for 24 hours on back-up power and a plan to access up to 96 hours of generation — along with the process for safely evacuating patients, if necessary.

California hospitals also must comply with the nation’s strictest hospital building code — ensuring that every hospital building remains standing after an earthquake. **Currently, 95% of all hospital buildings meet this standard and by 2025 all hospital buildings in the state will be able to withstand a major earthquake.**

**Now that our buildings are safe, it’s time to turn our attention to *how* we will care for patients after an earthquake.** Not every patient — 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.

Current state law requires every hospital building that provides 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 close.

**[A 2019 report](#) by the RAND Corporation found that the 2030 seismic requirements could cost hospitals up to \$143 billion, an amount that could double when interest and financing are factored in. These are funds that otherwise could be used for patient care.**

One-third of California hospitals currently have negative operating margins. According to the RAND study, **that number could swell to more than 50% if the 2030 seismic requirements are not modified.**

### What’s Needed

CHA-sponsored SB 758 (Portantino, D-La Cañada) would will 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.



of hospital buildings  
will be able to  
withstand a major  
earthquake by 2025



of CA’s hospitals  
will be placed under  
significant financial  
stress