

# PARTNERSHIPS TO PROTECT ACCESS TO CARE:

## 2030 SEISMIC REQUIREMENTS

STANDING SAFE, STANDING WITH OUR COMMUNITIES



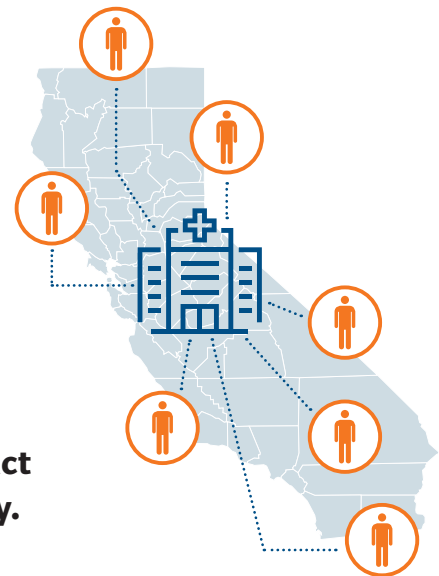
# A rallying cry to protect access to care.

**The ability of hospitals to save lives and improve the health of their communities is at risk.**

**The 2030 seismic standards are a threat to something no one wants to live without — access to hospital care.**

**Community leaders — some of whom you know and interact with — share hospitals' values: compassion, charity, equity.**

**Never has it been more important for you to form deeper and new bonds with these leaders — so that you can stand together to protect access to hospital care.**



**This critical work begins with your [pledge to participate](#).**

## ■ OVERVIEW

# Values and partnerships

**This guide will help your organization think differently about engaging with community partners, to deepen existing relationships and to form new bonds with nontraditional partners — all built around the many ways community leaders improve people’s lives.**

It is organized sequentially, with specific steps for hospitals to take according to a focused schedule that will ultimately help *communities* — not hospitals alone — speak with a unified voice when it comes to protecting access to hospital care.

Each step in the process is color-coded, with supporting materials that match that color. A digital version of this guide is available on [CHA’s website](#).

### ■ June – July 2023

#### STEP 1: Build your core internal team

Gather your team to work on community engagement and to build relationships to protect access to care. [Page 4](#)

### ■ June – July 2023

#### STEP 2: Document your efforts to protect access to care

With a focus on how you have protected hospital workers and patients, build the key materials needed to share your story. [Page 5](#)

### ■ June – July 2023

#### STEP 3: Create a specialized hospital seismic tour

This tour will be offered to new and existing community partners. It should demonstrate how your facilities are structurally safe for staff and patients, and ready for any emergencies. [Page 11](#)

### ■ August – October 2023

#### STEP 4: Engage your community partners

Through conversations and tours, strengthen/form relationships with leaders who share the values of your hospital. [Page 13](#)

### ■ August – October 2023

#### STEP 5: Craft your community health story

Work closely with leaders to craft the story of your *community’s* health care needs and priorities and how to ensure equitable access to care for all. [Page 15](#)

### ■ November – December 2023

#### STEP 6: Meet with legislators

Invite legislators and community partners to tour your hospital (as in step 3), delivering your community health story. [Page 16](#)

### ■ Appendix

Statewide financial condition of hospitals — data and facts. [Page 17](#)

**CHA is your partner in this work. If you have any questions, at any time, about any of these steps, do not hesitate to contact us:**

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## STEP 1

■ JUNE – JULY 2023

# Build your core internal team

**Forming and deepening relationships — especially with nontraditional partners — is not easy. It takes a unique skillset and empowerment from the highest levels of your organization.**

To build a successful team, look for the natural conveners, the senior people within your organization who have a way to build consensus on even the most challenging subjects. Consider the following characteristics:

- Bandwidth
- Ability to speak for your organization to external audiences
- Genuine curiosity
- Current and potential relationships

### STEP 1 Deliverable:

**Please determine the names of your core team members.**

There are four recommended team roles. These will vary for each organization and in some cases, one person may play multiple roles:

- **Project Lead** – A designated hospital or health system representative who will lead the team (e.g., CEO, government relations executive, communications executive).
- **Relationship Builders** – Staff members who have the best relationships (or potential to build relationships) with organizations and individuals in the community (e.g., government relations executive, community benefits, or community affairs executive).
- **Liaison** – The person(s) who will share your activities and implementation of the steps with CHA (e.g., government relations executive, community benefits, or public affairs coordinator or analyst).
- **Seismic Planners** – Individuals who can best describe the investments and efforts made to protect workers and patients, with a focus on seismic safety standards (e.g., CFO, facilities management, engineers, etc.).



## STEP 2

■ JUNE – JULY 2023

# Document your efforts to protect access to care

**Your hospital is a vital part of your community, the hub of health care, and often one of its largest employers.**

Others need to know your commitment to keeping workers and patients safe, as well as your goal of preserving access to care in the future. This step will help you impart your organization's values and mission.

### STEP 2A: Describe your investments in safety to date and why you made them.

- Gather key facts and information on measures taken to achieve your current high level of seismic safety as required by the state's 2020 seismic standards.
- Describe how protecting workers and patients is a core value for your organization.
- Include emergency preparedness plans made to ensure access and continuity of health care services.
- Include trade-offs and impacts: Did you close, postpone, or forgo services in service of safety investments? What were the impacts on the community and patient services as a result? (Be sure to note as a point of information, not focus — the costs incurred to reach the current safety levels.)

### STEP 2B: Describe your plans for safety and readiness in the future.

#### Use this column if your organization HAS NOT ACHIEVED 2030 seismic compliance.

- Describe how your organization is working to balance multiple important goals: enhancing the safety of workers and patients, protecting current health care services, and expanding services that aren't currently meeting demand.
- Given these competing goals, identify areas at risk of reduction in beds or closure that may arise from the 2030 seismic standards mandate.

#### Use this column if your organization HAS ACHIEVED or WILL ACHIEVE 2030 seismic compliance on time.

- Describe how your organization has taken significant steps to enhance the safety of workers and patients.
- Share your journey from planning to achieving, or being on track to achieve, the 2030 seismic standards. Highlight the decisions regarding services or planned initiatives that had to be deferred or relinquished to accommodate the requirements.

## Document your efforts to protect access to care

### STEP 2

#### STEP 2 Deliverables:

**(A): One page of key messages on your commitment to safety and readiness (be sure to make use of the [FAQs](#) at the end of this section if you need help on thorny issues).**

**(B): Respond to a request for information from CHA on how your engagement with potential partners went. Look for more information from CHA via email soon.**

**(C-OPTIONAL): Fact sheet, infographic, and/or digital presentation delving deeper into your commitment and investment to date in patient and worker safety and access to care.**

- Outline the disruption of services for construction.
- Describe the financial challenges your organization faces over the next several years ([see Appendix for additional resources](#)).
- Explain the impact of diverting limited resources from local community priorities and health care needs.
- Use the [Impact of 2030 Seismic Requirements Worksheet](#) on Page 10 to quantify how these costs compare to other potential investments.

- Describe any residual issues your hospital now faces, or will face, as a result of prioritizing resources for these standards.

**▼ NOTE: PLEASE USE OR ADAPT THE FOLLOWING RESOURCES IN THIS SECTION TO COMPLETE THE DELIVERABLES.**



## Document your efforts to protect access to care

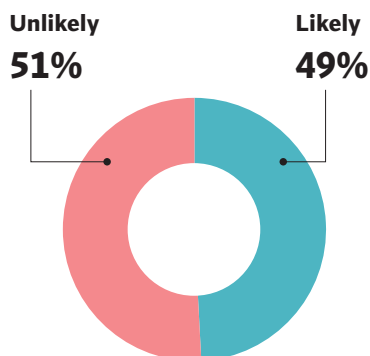
## STEP 2

# Key Messages, Data, and Tools

### Standing Safe, Standing with our Communities

- Hospitals will **STAND** after an earthquake.
- People will be **SAFE** and communities will continue to receive health care.
- We **STAND WITH OUR COMMUNITIES** to protect patients' access to health care and prioritize health equity for all Californians.

■ How likely is your hospital to be able to meet the 2030 seismic requirements by January 1, 2030?  
(excludes hospitals that have already met 2030 seismic compliance requirements)



Source: March 2023 survey of California hospitals

### Access to care is at risk.

- Under current law, any hospital building that does not meet the state's 2030 seismic standards by January 1, 2030, will be forced to close and patient care will cease at those facilities.
- That means that the State of California is forcing hospitals to divert billions of dollars from patient care, which delays progress to health access and health equity in communities everywhere. Our state's most vulnerable populations will be the hardest hit.
- We cannot derive enough health care resources from a finite pool to expend them on unrealistic and excessive seismic requirements that place a higher value on infrastructure and utilities than on providing access to patient care now and in the future.
- In this time of financial instability for hospitals, we must prioritize access to health care for all Californians.
- Already, hospitals are some of the safest buildings in California. They have spent billions of dollars to retrofit and rebuild facilities for patient care and protect workers and patients.
- In collaboration with community partners, we seek relief from and reform of the 2030 requirements so that we can focus on the health care priorities in our local communities.

Barely more than a third of hospitals have been able to meet the primary 2030 seismic requirements (the Structural Performance Category requirements). Of the hospitals that have not, more than half (51%) are unlikely to meet these and the remaining requirements (Nonstructural Performance Category requirements) by January 1, 2030.

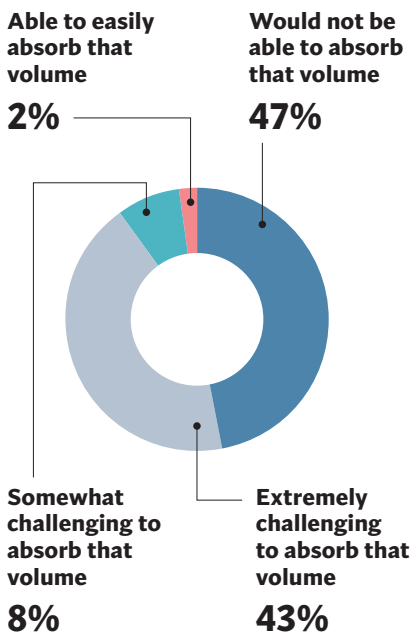
### Patients and workers are safe.

- More than 97% of hospital buildings in California have met the state's requirements to remain standing and keep patients and workers safe after an earthquake. The remaining few facilities will meet this requirement no later than the end of next year.

## Document your efforts to protect access to care

### STEP 2

#### ■ How challenging would it be for your hospital to absorb patient overflow if a neighboring hospital was forced to close due to these seismic requirements?



Source: March 2023 survey of California hospitals

- Hospitals will stand after an earthquake, and patients and workers will be safe.
- *(Localized hospital point)* Our hospital has spent the last \_\_\_\_ years, endless hours of planning, and \$ \_\_\_\_\_ to confidently say — per state calculations — our hospital will stand and our patients and employees will be safe.

#### Losing a hospital would devastate our community.

- Our hospitals are an important part of the community, and we must do all we can to ensure that patients have uninterrupted access to care.
- Hospitals are the primary centers for health care and among the largest employers in our communities.
- The cost of meeting the 2030 requirements will limit access to health care, and our most vulnerable populations will be hit the hardest. People in our community would have to travel more than \_\_\_\_ miles (*or insert XX minutes*) to receive hospital care if this law forces closure.

A full 98% of hospitals report that if they OR a neighboring hospital must close or reduce services, communities will experience longer wait times, less capacity during surges of patients, patients traveling farther for specialty services, and patients traveling farther for emergency department care.

#### These 2030 seismic requirements will divert resources from the health care our community has prioritized and needs.

- Hospitals are often sought out as community partners to lead local health care initiatives and partnerships.
- Hospitals understand the health care needs of communities and often provide services beyond just medical care.
- Our community has many unmet health care needs that must be addressed before we spend limited health care dollars on excessive seismic requirements. Our community needs resources for *(list unmet needs in your community here)*.

#### ■ Hospitals that are able to stay open by meeting the 2030 seismic requirements report they will have to take the following steps:

**66%**

**of hospitals**

Forgo expansion of new service lines

**63%**

**of hospitals**

Temporarily close certain service lines

**61%**

**of hospitals**

Lay off employees

**58%**

**of hospitals**

Reduce funding for community partners

**45%**

**of hospitals**

Permanently close certain service lines, such as labor and delivery, behavioral health, and specialty care

Source: March 2023 survey of California hospitals



## Document your efforts to protect access to care

### STEP 2

## Frequently Asked Questions

### Q: Will our local hospital be safe following an earthquake?

**A:** Yes. Our hospital has met the 2020 seismic safety standards created by the State of California. This means our hospital will not collapse, and patients and workers will be safe.

### Q: Will patients continue to receive care following an earthquake?

**A:** Yes. Every hospital in California has an emergency preparedness plan, which covers earthquakes, disasters, and other emergencies. These plans outline how patients will continue to receive care in the current location or at a neighboring hospital if needed.

### Q: You're saying we should be focused on other priorities. What are those priorities?

**A:** (*\*\*Give specific local examples if you have them.*) We need to be focused on ensuring that Californians have access to hospital care, wherever they live. With the current state of hospital financial instability, access to health care is at risk. Some areas have already lost their local hospital or specific services, and we are seeing the devastation that such closures bring to communities and patients. This expensive requirement, if not met, requires the hospital to close.

### Q: Is your hospital facing financial challenges?

**A:** Like [most hospitals in California](#), we are working hard to be financially stable. We can't afford these building costs while dealing with state and federal reimbursements that are not keeping up with the actual cost of health care, inflation, delayed payments, and other factors. (*\*\*Do you have specific examples based on the list of contributing factors that you can share?*)

### Q: What is wrong with the 2030 seismic requirements, and why can't you meet the requirements?

**A:** California hospitals have met the 2020 seismic requirements to ensure hospitals will not collapse after a major earthquake and people will be safe. And hospitals have plans in place so that communities will have access to health care following an earthquake. The 2030 seismic requirements are both excessive and impractical, and if not met, require hospitals to close. They force California hospitals to divert billions of dollars away from patient care and community priorities that are needed right now.

### Q: Is there something in the 2030 requirements that you would like to see changed?

**A:** Yes. Both the scope and timeline of the 2030 requirements need to change. As they stand today, these requirements are excessive and impractical, and divert health care resources from the true health care needs of communities. Now more than ever, we should prioritize access to care for patients. Diverting resources to meet these requirements would negatively impact health access.

### Q: What happens if you put all your efforts toward meeting the 2030 requirements?

**A:** (*\*\*Give specific local examples if you have them.*) Patients will lose. Hospitals will have to forgo expansion of new services that are needed in the community. Some services may have to be permanently closed if funds are diverted to meet these impractical standards.

### Q: Are you looking to extend the deadline to be compliant with the 2030 seismic regulations?

**A:** Yes, and we are looking to have a broader conversation about how we ensure patients have access to health care and what priorities truly exist in each community and district. We don't believe those priorities include excessive, additional seismic retrofitting work on infrastructure when there are already problems with access to health care and gaps in health equity for our most vulnerable populations.

### Q: Is your hospital in danger of closing?

**A:** (*\*\*Specific to each hospital.*) Like many hospitals throughout California, we face significant challenges, but we are focused on staying open and continuing to serve our community and patients. However, being forced to spend excessive funds to meet these additional seismic requirements would put tremendous strain on our hospital.

### Q: What would happen if your hospital closed?

**A:** We hate to think about that, but there are communities in California already dealing with this reality. As a result, many people are delaying care because the nearest hospital is too far, or because they have transportation challenges. Patient illnesses and chronic conditions are getting worse, and they are seeking medical care at places unequipped to handle their needs. Sadly, we have even seen patients die because they could not get care in time.

## Document your efforts to protect access to care

### STEP 2

**Q: If your hospital closes or diverts funds to meet the seismic mandate, how else will this impact your community?**

**A:** A major issue for us will be mitigating employee layoffs as services will be limited or discontinued with closures *[insert local examples of what services could be lost]*. We pride ourselves in being able to sponsor and support community partners and initiatives, but we may not be able to do that.

**Q: If neighboring hospitals are forced to close because they cannot meet the 2030 seismic requirements, would your hospital be able to provide health care for the community?**

**A:** Like nearly all California hospitals, our hospital would not be able to absorb all the patients from neighboring hospitals. Patients will experience longer wait times and there will be less hospital capacity during seasons when patients seek medical care more often. Patients will likely delay care or be forced to travel greater distances for emergency and specialty services.

## 2030 Seismic Requirements Worksheet

### Impact of 2030 Seismic Requirements

1. Number of buildings on your campus that have not met 2030 seismic standards ..... \_\_\_\_\_
2. Estimated total cost of meeting the 2030 requirements ..... \$ \_\_\_\_\_
3. Average annual cost of employing a registered nurse at your hospital ..... \$ \_\_\_\_\_
4. Average cost of caring for a patient at your hospital ..... \$ \_\_\_\_\_
5. Average cost to run the emergency department for a day at your hospital ..... \$ \_\_\_\_\_
6. Average annual cost of operating a specific service line (*obstetrics, behavioral health, home health*)  
..... \$ \_\_\_\_\_
7. Cost of a planned new project or service line ..... \$ \_\_\_\_\_
8. The cost of meeting the 2030 requirements is equivalent to:
  - a. Employing \_\_\_\_\_ nurses (*divide 2 by 3*)
  - b. Caring for \_\_\_\_\_ patients (*divide 2 by 4*)
  - c. Running our emergency department for \_\_\_\_\_ days/months (*divide 2 by 5*)
  - d. Having (choose the service) \_\_\_\_\_ available for \_\_\_\_\_ days/months (*divide line 2 by 6*)
  - e. Forgoing \_\_\_\_\_ new project or service line



## STEP 3

■ JUNE – JULY 2023

# Create a specialized hospital seismic tour

**Your commitment to your community includes protecting health care workers and patients, and making sure that your hospital is ready to care for those in need following an emergency such as an earthquake.**

This step will help you show your community partners firsthand the work done to ensure your hospital will stand, people will be safe, and your community will continue to have access to health care after a seismic event.

It is also an opportunity to shine a spotlight on the disruption to patient care areas that achieving the 2030 seismic standards will entail.

### STEP 3 Deliverables:

**(A): A one- to two-page tour plan, identifying speakers, locations, and tailored messages.**

**(B): Respond to a request for information from CHA on how you have created your facility tour. Look for more information from CHA via email soon.**

#### Use this column if your organization HAS NOT ACHIEVED 2030 seismic compliance.

1. Designate which members of your team will conduct and participate in the tours. Consider including your government and community relations lead, facility lead, and CFO.
2. Identify the best locations for the tour — places where the strengthening of the physical building helps keep people safe.
3. Discuss your investments in safety to date:
  - Emphasize the architectural innovations and technologies that support the current high level of safety.
  - Describe what it took to get to this level of safety by sharing information and data that

#### Use this column if your organization HAS ACHIEVED, or WILL ACHIEVE, 2030 seismic compliance on time.

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  - Describe what it took to get to this level of safety by sharing information and data that

## Create a specialized hospital seismic tour

### STEP 3

describe the seismic work thus far:

- ◆ Costs
- ◆ Construction timelines
- ◆ Service relocation planning
- ◆ Capital raised
- ◆ Drawings or renderings

**4.** Discuss your plans, goals, and concerns around ensuring continuity of care and access to health services:

- Provide an overview of what the 2030 seismic requirements will entail.
- Point out what would need to be retrofitted, rebuilt, shut down, or gutted.
- List the impact those measures would have on patients and the community.
- Identify areas at risk of reduction of beds or closure.

describe the seismic work thus far:

- ◆ Costs
- ◆ Construction timelines
- ◆ Service relocation planning
- ◆ Capital raised
- ◆ Drawings or renderings

**4.** Customize your tour around challenges encountered during the planning and implementation of both 2020 and 2030 seismic requirements.

**5.** Include the significant amount of time, resources, and effort put into incorporating the requirements.

**6.** Describe lessons learned that can steer the discussion toward seismic relief and reform.



## STEP 4

■ AUGUST – OCTOBER 2023

# Engage your community partners

**This is the most pivotal part of this work. During this step, you will identify and build or strengthen relationships with key leaders and organizations that serve your community. These organizations and key leaders must be *not only those you already have relationships with, but also new and nontraditional partners who share common values and goals with your hospital* — service, empowerment, support, and care for your community.**

The voices and support of these trusted leaders are vital to provide a local perspective that reflects key constituencies.

When building effective partnerships, you are looking for meaningful relationships that will grow and be mutually beneficial for both partners and the community. This begins with an organizational commitment and investment to engage and build trust with community partners.

**This is a two-way relationship. Actively, and regularly, think about how you can give to the relationship, what you bring to the table or how you can help your partner meet a need, offer support, find a solution, or move an idea forward.**

### STEP 4A: Identify two to four new and established community partners.

#### What to look for in a partner:

- Look for different. Don't just look for organizations that look the same, feel the same, are the traditional partnerships — explore diversity. Look for partners that are based in a different ethnic tradition, focused on different age segments or audience groups, or bring a unique perspective to the table.
- Identify partners who have strength in an area you are trying to build within your organization. Examine how your strengths are complementary to reach mutual goals.
- Look for common areas of interest or focus. Ask yourself, "What do we have in common?" "Where do our interests intersect?" A good partnership will find common ground around which to build. Do you both focus on behavioral health, serve or care for aging populations, for example? Maybe they also share a health focus or are concerned about a similar community issue?
- Assess existing partnerships for new opportunities to grow outside of your current partnership focus areas.

## Engage your community partners

### STEP 4

#### STEP 4 Deliverables:

**(A): Completion of meetings and hospital tours with at least two to four identified potential partners.**

**(B): Respond to a request for information from CHA on how your engagement with potential partners went. Look for more information from CHA via email soon.**

#### Examples of potential partners include:

- Nonprofit organizations
- Philanthropic organizations
- Faith-based organizations
- Behavioral health organizations
- Other health-related organizations
- Organizations representing the diversity within your community
- Youth organizations
- Organizations focused on aging population
- Elected officials
- Other public officials
- Business leaders

#### The Partnership Mindset

- Be willing to listen, learn, and grow. Each organization operates differently, with various processes, traditions, and norms. Good partners bring varied and complementary perspectives and strengths.
- Be ready to be flexible and adapt. In the areas of collaboration, be open to learning something new and be open to adjusting processes to make the partnership work.
- Determine how you will work together, how you will communicate and interact, what issues you will undertake, and the roles of each organization.

#### STEP 4B: Outreach and engagement with partners.

- Meet with partners to share your seismic story (from step 2) and the issues surrounding seismic requirements.
- Conduct seismic facility tour with partners (from step 3).





## STEP 5

■ AUGUST – OCTOBER 2023

# Craft your community health story

**Your organization has an important story to tell about health care in your community — one that goes beyond your four walls and speaks to the long-term needs of those you serve. To build a story about the overall health and well-being of your community, you will need to work with the partners with whom you formed relationships in step 4. When building partnerships, some of them may be with individuals and some will be with organizations.**

Work closely with these leaders to craft the story of your community's actual health care needs and priorities. Ask for their thinking and advice. Collectively determine and describe how to best spend limited health care resources, to preserve access to health care and improve equity for your community.

To build this narrative, begin by asking and answering the following questions in collaboration with your partners:

### STEP 5 Deliverables:

**(A): One page of key messages, developed alongside your partners, that describe the health needs of your community, and the critical role of the hospital in meeting those needs.**

**(B): Respond to a request for information from CHA on your community's story. Look for more information from CHA via email soon.**

**Use this column if your organization HAS NOT ACHIEVED 2030 seismic compliance.**

- What are the true health care needs and priorities of the community?
- How will our community be affected if local hospitals are forced to close or services are limited?
- What are the implications for the community if jobs are lost?
- How would this law disrupt services?
- What could your hospital do for its community if this law were not imposed?

**Use this column if your organization HAS ACHIEVED, or WILL ACHIEVE, 2030 seismic compliance on time.**

- What will be the impact on your community should other hospitals not meet the deadline?
- Discuss with your partners the new challenges your community is facing and how you will meet the health care needs of the community.



## STEP 6

■ NOVEMBER –DECEMBER 2023

# Meet with legislators

This is the opportunity to bring steps 1-5 together with a meaningful interaction among hospital leaders, community organizations that share your hospital's values, and the policymakers who will ultimately determine the fate of health care access in your community.

### STEP 6 Deliverables:

**(A): Completion of a fact sheet, based on the work in step 2, that will be provided to legislators during their hospital tour.**

**(B): Completion of hospital tours and conversations with legislators.**

**(C): Completion of a post-visit follow-up, thanking legislators for their time and for their commitment to protecting access to health care in your community.**

**(D): Respond to a request for information from CHA on how your engagement with legislators went. Look for more information from CHA via email soon.**

Meeting with legislators offers an opportunity to discuss the scope of the seismic requirements and lets them hear the challenges and impacts on their constituents. Community leaders and partners joining the conversation will be able to speak to the concerns of their constituencies and emphasize how the hospital is critical to health care access and equity.

#### To plan your meetings with legislators, follow these steps:

- Identify the legislators you will meet with.
- Schedule the visit ASAP (replicate the tour developed in step 3). Contact your representative's district office to schedule the visit **at least two months prior to your desired meeting date** (e.g., in September or October for visits in November or December). Know the exact length of time you want to spend with your legislator before making the appointment.
- Tailor to legislators' interests. Identify your legislators' focus areas and customize the visit and discussion accordingly to best connect with them. Know their history and depth of knowledge on both general health care issues and on seismic requirements.
- Prepare a fact sheet based on the work in step 2. Summarize data and information regarding the care you provide for your shared community constituents and what you have done to meet the 2020 seismic standards.
- Follow up after the visit. Send both a follow-up letter and an email thanking your legislator and their staff for taking the time to visit your hospital.

## ■ APPENDIX

# California health care in crisis

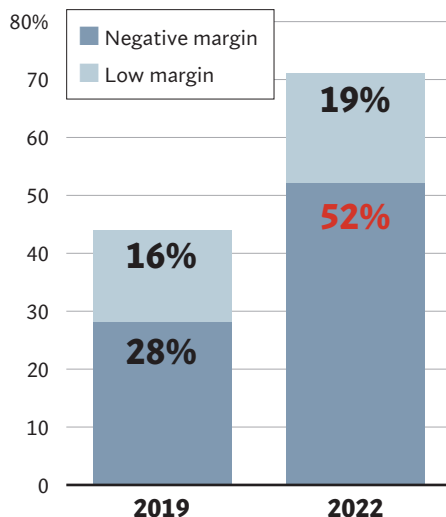


California hospitals lost

**\$20 BILLION**

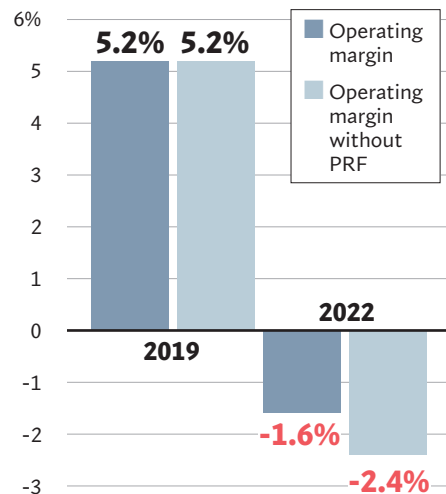
from 2020 – 2022

Percent of California hospitals with negative and low margins



**52%** of hospitals are losing money

Total California hospital operating margin



PRF = federal Provider Relief Fund

Statewide margins are **negative**

## Resources to pay for care aren't keeping pace with costs

As expenses have increased — compared to pre-pandemic costs — resources to care for patients are falling short as inflation drains resources for patient care.



Labor expenses **rose 22%.**



Pharmaceutical costs **grew by 19%.**



Medical supply expenses **jumped 18%.**



In California,  
**73%**  
of hospital patients  
have coverage through  
Medicare and Medi-Cal,  
which pay far less than  
what it actually costs to  
care for people.

Since Medi-Cal rates  
were last increased in  
2012, the share of the  
California population  
on Medi-Cal has  
increased from  
**21% to 39%.**

*Sources: California Hospital  
Association analysis of  
data from the California  
Department of Health Care  
Access and Information and  
the California Department of  
Health Care Services*

## A structural problem with health care funding

Resources that pay for care for most patients don't cover the cost of that care.

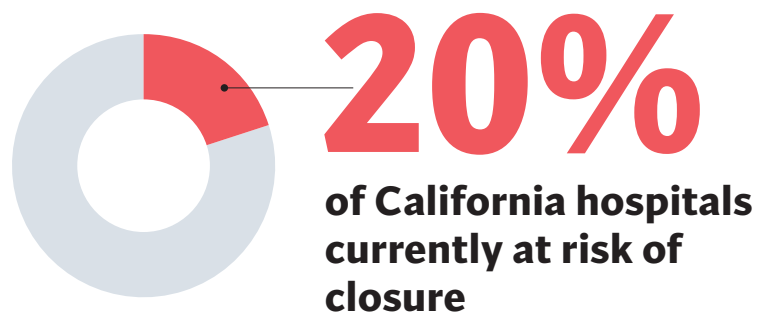
### ■ Medi-Cal

California pays **74 cents for every dollar** of hospital care provided

### ■ Medicare

Federal government pays **75 cents for every dollar** of hospital care provided in California

## The result



*Source: Kaufman Hall California Hospital Financial Impact Report, April 2023*



**California  
Hospital  
Association**

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[www.calhospital.org](http://www.calhospital.org)