



STEP 2

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.

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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-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.**

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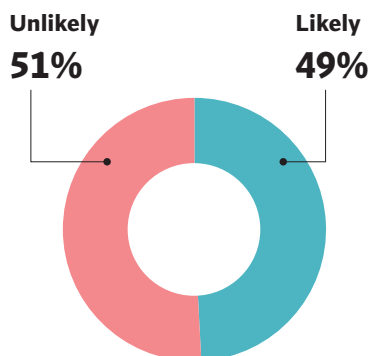
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Key Messages, Data, and Tools

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.

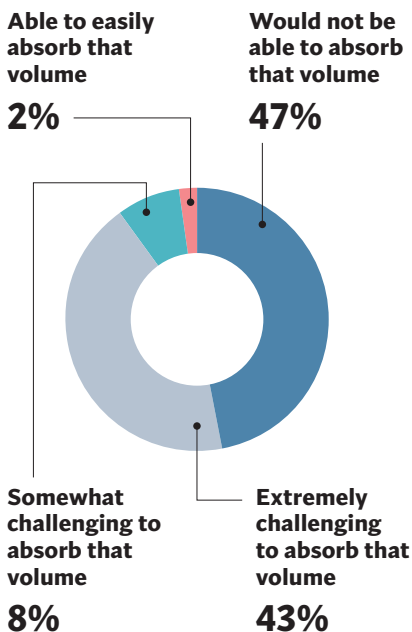
Patients and workers are safe.

- 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.

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■ 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

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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.

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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