

CHA Advocacy on the 2030 Seismic Mandate

Lessons from COVID-19 Pandemic Call for Fresh Approach to Health Care Disaster Planning

The Issue

California, like states across the country, is drawing on the lessons of the pandemic to think differently about disaster planning, so that the next statewide crisis will be less severe, less deadly. **Here's what we know: COVID-19 has shown that California's disaster response system must be modernized.**

California has proven itself when responding to natural disasters on a local and regional basis. For example, when the 2017 Tubbs Fire devastated parts of Santa Rosa, the state's mutual aid response system kicked in, with first responders and health care facilities from other parts of Northern California providing assistance and support as patients were either evacuated or triaged locally, depending on need. The same has always been true when earthquakes strike — the damage and injuries resulting from a major quake are most directly experienced in the immediate geographic area, not the entire state, and people can be evacuated to safe areas for care and refuge.

Given new public health disasters, and at a time when there is growing pressure to make health care more affordable, California should take a hard look at how we invest in disaster response. We need to draw upon the lessons of the pandemic to develop a modern, efficient system that prioritizes flexibility and the ability to meet patient care needs, given the uncertainty of the types and scope of disasters that may come.

The most glaring example is an outdated state mandate that, by January 1, 2030, every building on a hospital campus in which patient care is provided be operational after an earthquake. Hospitals that don't meet this requirement will be forced to close. This means all services must continue, regardless of the need to suspend patient care and evacuate the region. This is a serious threat to access to equitable care, and especially wasteful when considering that today more than 96% of all California hospital buildings already meet the state's seismic safety construction standards. As a result, hospitals across California are designed to not only withstand the next major earthquake, but also keep patients and workers safe.

Unfortunately, California hospitals have been on the front line for many of the disasters experienced over the decade. During this time, our hospitals have strengthened their structures and focused attention on the needed emergency response services. We must now move the dialogue to defining post-disaster care delivery standards. Since the hospital seismic law was enacted in 1994, there has been a sea change in how health care services are delivered, making the 1994 law outdated. Today, many services and procedures are performed in outpatient facilities, urgent care clinics, and walk-in locations closer to where people live and work. And, as the pandemic has shown, doctors and hospitals now commonly use modern technologies like telehealth to provide care to their patients.

Given California's size and complexity, the health care disaster response system of the future must be nimble enough to respond — at any given moment — to either a regional or a statewide catastrophe. Forward-thinking state leaders must ensure that, wherever people live, they can access vital health care services, while also recognizing that many services will continue to be delivered outside hospital walls.

What's Needed

Determining the most appropriate disaster response needed during and after a catastrophic event is critical. The pandemic has demonstrated the incredible capabilities of our health care system. But it also drained significant resources from hospitals and providers. We must re-focus our health care dollars on the services that are essential during and after a disaster.

A modification of existing state law is needed to focus our hospitals' disaster response on emergency services. This includes re-focusing the hospital seismic requirements on only those services most needed after an earthquake or other major disaster. Hospitals must be able to ensure they can treat the trauma and injury that comes after a major earthquake, while also safely evacuating patients. This would allow hospitals to apply the lessons they have learned from the unfortunate disasters of the past few years, as well as conserve scarce health care resources and help hold costs in check for patients.

A goal of providing every service in all hospitals after a disaster is impractical and financially irresponsible. Instead of providing every service, we should ensure emergency services are available, as practicable, whether in response to a major earthquake, a viral pandemic, a wildfire, or other disasters. And hospitals need time, especially given the pandemic, to redesign, adjust plans and building schedules, and raise the funds needed in an economically difficult time. Most hospitals need to borrow the funds, if lenders are willing, while county and district hospitals depend on tax increases and bond initiatives to raise the needed funds. The Legislature should consider whether certain hospitals should be exempt from the seismic mandate, considering their available resources and current infrastructure.

CHA is taking a multi-pronged approach to its advocacy: 1) engaging the Governor's office, 2) continuing the discussion in the Legislature, and 3) keeping open lines of communication with stakeholders. CHA also is sponsoring AB 1464 (Arambula), which would take the first step toward focusing the seismic mandate on emergency services. The bill would require hospitals that have been unable to meet the 2030 requirements to publicly report the services they have in each building on their campus. Finally, CHA continues to make clear to stakeholders that modernizing the seismic mandate is a key priority for the hospital field this year.

Unfortunately, disaster and crisis management has become commonplace for our health care system. California must take a fresh approach to our disaster response system to ensure access to necessary emergency care services throughout the state.