March 15, 2022

The Honorable Jim Wood, DDS
Chair, Assembly Health Committee
1020 N St., Room 390
Sacramento, CA 95814

Subject: AB 1882 (Rivas) — OPPOSE UNLESS AMENDED

Dear Assembly Member Wood:

California's hospitals are deeply committed to maintaining the highest state of readiness ahead of, during, and after an emergency. They are equally committed to the transparent, regular, and accurate communication among key disaster response partners and the public that is critical to delivering aid during and after a crisis.

The foundation of effective disaster response is clear, coordinated communication, based on a common vocabulary. As we have learned from the pandemic, it is critical the designated entities have the right information to assess available emergency response resources. And without a clear delineation of responsibility, confusion among partners, needless alarm among the public, and unintended consequences from regulations that do not factor in the complexities of disaster response planning and implementation can occur.

Given these concerns, CHA requests the following amendments to Assembly Bill (AB) 1882:

1. Descriptions of building classifications
2. Additional state attestations and plans
3. Community-level communication

Looming over all of these concerns is a 2030 deadline for hospitals to meet *additional* seismic standards. **Hospitals have already spent billions to ensure their buildings do not jeopardize the patients and employees within them during an earthquake.** The 2030 standards will require all hospital buildings to have every service available at all times. Modernizing these standards to prioritize the needed services is a more prudent use of health care resources.

Prior to the pandemic, the staggering $100 billion cost statewide of the 2030 seismic requirements was challenging for most hospitals. Today, with 45% of California hospitals operating with negative margins and another 15% barely above break-even, meeting these requirements is simply impossible. As of this year, nearly two-thirds (64%) of California hospitals are required to meet the 2030 requirements. As a result, most find themselves in a position where high-quality, equitable care for all within their communities is in jeopardy.

Specific amendment requests are:

Descriptions of Building Classifications

AB 1882 should use longstanding, well-understood, and public descriptions from existing state regulations. Hospitals have spent billions to ensure buildings can withstand an earthquake, as required by 2020 seismic standards, and California's hospital buildings today are among the safest in the communities they serve.

This bill, however, would override current definitions in state regulations and present the public with descriptions of buildings that inaccurately portray structural capabilities — characterizations that would alarm patients unnecessarily and create confusion among disaster response partners. The California Department of Health Care Access and Information (HCAI) already employs plain-language classifications of buildings that have been promulgated through state regulations (in Title 24, California Administrative Code, Chapter 6, Article 2, Table 2.5.3) and posted for the public on HCAI's website.

Current descriptions state that Structural Performance Category-2 (SPC-2) — hospital buildings that have met the 2020 seismic standards but are not yet 2030 compliant — "do not significantly jeopardize life, but may not be repairable or functional following strong ground motion."

AB 1882 should be amended so that any description of hospital building capabilities makes clear that SPC-2 buildings do not significantly jeopardize life, as reflected in current regulations.

Additional State Attestations and Plans

This legislation should recognize that hospital building classification information and attestations are already easily accessible to the public. Many hospitals have submitted to the state lengthy construction plans and attestations that they are aware of the 2030 requirements. HCAI has publicly posted the classification of these buildings and has posted these attestations (click on Building List/Seismic Information and AB 2190 Attestation Submitted, respectively). This bill would reimpose these requirements each and every year for the next several years without changing the underlying challenges for hospitals when to these requirements.

In fact, the bill's findings and declarations note that most California hospitals have not yet been able to meet the 2030 requirements. **Additional paperwork is not needed to demonstrate what is already known: the current requirements are out of reach and need to be revisited.**

Moreover, the deadline for 2030 standards has not yet arrived. Hospitals are in full compliance with the law *today*, and the real question is whether they will be able to be in compliance by 2030 or whether the Legislature will update 30-year-old standards to ensure critical investments can be made to modernize health care delivery and disaster response.

AB 1882 should be amended so that hospitals are not required to submit annual, redundant documentation (already widely available) that they have not met the requirements of a future law.

Community-level Communication

This legislation should recognize the longstanding and frequent coordination for disaster readiness and response that takes place among local emergency management organizations. California's hospitals, through constant planning, training, coordination, and practice, stand ready when disaster strikes to ensure medical care is uninterrupted and patients, staff, and visitors are safe.

Under state Title 22 regulations and federal Centers for Medicare & Medicaid Services' emergency preparedness regulations, every California hospital must maintain a comprehensive emergency preparedness program. This includes an emergency operations plan (reviewed and updated every two years) that identifies known potential risks and mitigation strategies, training, and evaluation of all potential hazards. Potential hazards include earthquakes, and hospitals must have plans, policies, procedures, and training for earthquake response.

Coordination with the local emergency management infrastructure, while already strong, can always be improved. As proposed, the bill would require that hospitals inform local emergency services offices or equivalent agencies, the Governor's Office of Emergency Services (Cal OES), and HCAI of the building classification and specific services available within each building on the hospital's campus.

However, information-sharing is currently routed, via a streamlined process, through local Medical Health Operational Area Coordinators (MHOACs). These coordinators serve as a vital, single point of communication and as a link to state designated Regional Disaster Medical Health Coordinator, the California Department of Public Health, and the state Emergency Medical Services Authority.

While Cal OES works closely with CDPH and EMSA, it relies on those two departments to coordinate medical and surge aspects of a disaster via the MHOAC framework, as outlined in statute (*Health and Safety Code Section 1797.153*). Sharing more information about specific services within hospital buildings could be helpful to emergency response, but to avoid confusion and redundancy, it should be done through MHOACs, a change that would also reduce confusion about which agencies should be included.

The information on services in each building could also be useful to state legislators and other policymakers as they consider modernization of the 2030 standards (for example, a building used for dietary services is far less essential during and after an earthquake). HCAI, the state department that inspects hospital buildings, does not have information on which services are in which building.

This legislation should also recognize the value of local officials' understanding of the status of hospitals' compliance with the 2030 seismic requirements. As proposed, this bill would require hospitals to attest they are not in compliance with the 2030 requirements to local elected officials and organized labor partners.

As stated above, AB 1882 should be amended so that hospitals are not required to submit a redundant attestation that they have not met the requirements of a future law, but should allow the hospital to provide a status update to its community. **AB 1882 should be amended so that:**

- **MHOACs and HCAI are the two recipients of information on the 2030 compliance status of hospital buildings and services within those buildings on a hospital campus.**

- **Hospitals provide a status update to county boards of supervisors, city councils, and organized labor partners on the 2030 compliance status.**

As the conversation on AB 1882 continues, it must be noted that CHA and the administration have proposed a change in the 2030 standards to require all hospitals to ensure their emergency services are fully functional after a major earthquake. By refocusing the 2030 requirement on emergency services — and away from things such as dietary services — the invaluable, life-saving care that hospitals provide can be preserved without threat of closure.

To reiterate, compliance with 2030 would have been highly challenging before the pandemic and is now even more difficult given the grave financial blows hospitals have endured over the past two years.

Modernization of the 2030 standards will preserve hospital services that would be in jeopardy if the law is not updated.

For these reasons, the California Hospital Association and its more than 400 hospital and health system members are opposed, unless amended, to AB 1882 and respectfully request your “NO” vote on this bill unless our concerns are addressed.

Sincerely,

Kathryn Austin Scott
Senior Vice President, State Advocacy and Relations

cc: Assembly Health Committee Members
Tam Ma, Deputy Legislative Secretary, Governor’s Office
Dr. Mark Ghaly, Secretary, Health and Human Services Agency
Elizabeth Landsberg, Director, Department of Health Care Access and Information