

Outline of Reform of 2030 Seismic Standards

1) Refocus the Requirement on Post-Event Emergency Medical Services

- California hospitals are among the safest buildings in the communities they serve. After more than two decades of work, hospitals will be able to *withstand* a major earthquake, keeping patients and health care workers safe.
- The second seismic mandate requires that by 2030, all hospital buildings be able to be *operational* following an earthquake. Hospitals must upgrade their buildings or will be required to close their doors to patient care.
- This reform refocuses this 2030 seismic *operational* standard to those buildings in which *post-event emergency medical services* are located. Hospitals will be required to upgrade these buildings to the highest structural and nonstructural requirements (Structural Performance Category-4D or 5 and Nonstructural Performance Category-4 or 4D **and** 5) so that after an earthquake, emergency medical services will be available to the hospital's community.
- *Post-event emergency medical services* that will be located in these upgraded buildings are:
 1. Emergency departments
 2. Resources and services to support emergency departments, specifically limited:
 - Equipment and supplies for clinical laboratory service
 - Equipment and supplies for radiological service
 - Operating rooms for surgical services and emergency labor and delivery
 - Patient holding areas and post-anesthesia care stations for anesthesia service
 - Intensive care services for post-emergent surgeries
 3. Storage areas for emergency caches of food, water, medical testing and monitoring equipment, and pharmaceutical supplies
- The Department of Health Care Access and Information, which regulates hospital buildings, in consultation with the California Department of Public Health, which licenses hospital services, will create proportionate standards for the extent of the above services that will be needed to support emergency departments. These standards will plan for 150% of the average amount of emergency department admissions from prior to the pandemic (2017, 2018, and 2019).
- Next year (2023), hospitals with emergency departments would report to both departments the buildings in which all potential post-event emergency medical services are located. That year and the following (2023 and 2024), the departments would develop regulations.

2) Strengthen Non-Emergency Services Patient Care Areas

- The remaining hospital buildings — in which non-emergency services are located — will be required to be strengthened as well.
- Nearly all of these buildings will need to be Structural Performance Category-2 (SPC-2) rated through engineering evaluation instead of with the Hazards United States (HAZUS) determination process that was previously available through state regulations. Only those buildings that achieved SPC-2 rating through the HAZUS process that are either: 1) among the lowest collapse probability and in the lowest seismic risk areas in the state, or 2) of a single-story wood-framed construction, would not be required to make further structural upgrades.
- All of these non-emergency services buildings will be required to anchor and brace equipment and utility lines to the level of Nonstructural Performance Category-3 (NPC-3) or higher.
- Additionally, all hospitals with SPC-2 buildings will develop patient and worker continuity plans describing how they will care for patients and communicate with workers in the event of an earthquake.

3) Provide Additional Time to Comply and Rural Hardship Exemption Process

- The long tail of COVID-19 means many hospitals need additional time to comply with these requirements. This proposal will provide all hospitals seven additional years, until January 1, 2037. This will include extending all Nonstructural Performance Category deadlines (NPC-3, 4, 4D, and 5) by seven years.
- Hospitals will be required to submit Master Plans (modeled after SB 499 reports) to the Department of Health Care Access and Information detailing how they will comply with these new requirements, with any updates annually.
- All rural hospitals would additionally be able to apply to be considered for seismic compliance assessment grants and financial hardship exemptions from the Department of Health Care Access and Information.