

# Hospital Earthquake Safety is Assured, but Absent Reform, Access is at Risk

Under current law, hospital buildings that do not meet the state's seismic standards by Jan. 1, 2030, will be forced to close and patient care will cease in those buildings.

## \$160 billion

The amount of money it would take for hospitals, over the next six years, to upgrade — despite the fact they are already safe during and after an earthquake.

**2/3** The number of hospitals — the primary centers for health care and among the largest employers in their communities — that have been unable to meet the 2030 seismic standards requiring hospital buildings to be “fully operational” after an earthquake.

Meeting the standards will have a major impact on access to care

■ In order to meet the current 2030 requirements, hospitals will have to make significant trade-offs that will negatively affect patient care:

**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

## WHAT'S NEEDED

Hospitals need legislative change and the time to make sure they can continue to meet communities' needs following an earthquake.

- The deadline for seismic upgrades should be extended to provide the time needed to retrofit or rebuild buildings.
- California should take the lead and guarantee that every health care dollar is wisely invested in patient care first rather than bricks and mortar.

Additionally, the state should direct the Office of Health Care Affordability to analyze the cost and impact of these seismic standards on efforts to protect access to affordable health care for all.